

CREDIT LINE ACCOUNT APPLICATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION 1. If You live in a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for individual credit. Indicate if You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse <input type="checkbox"/> Joint Credit with a Guarantor or another Applicant 3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Share Transfer <input type="checkbox"/> Cash Payment 4. Frequency of Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Spouse/Co-Applicant Information 5. Complete Spouse/Co-Applicant information only if any of the following apply: a. This is for joint credit with Your Spouse or other Co-Applicant. b. Your Spouse will use Your Account. c. You're relying on Your Spouse's income as a source of repayment for the credit requested. d. You live in a community property state: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin (or Puerto Rico). 6. Definitions Whenever used in this application, the words "You" and "Your" refer to the applicant(s), and the words "We", "Us", and "Our" refer to the Lender.
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Credit Applied For:		Credit Limit Requested \$ _____
<input type="checkbox"/> VISA Classic * VISA Platinum*	<i>*the Card issued is subject to Our underwriting guidelines</i>	Purpose _____
<input type="checkbox"/> VISA Share Secured	<input type="checkbox"/> Signature Line of Credit (Including Overdraft Protection)	Collateral Offered _____
<input type="checkbox"/> Personal Property Secured (inc new/used auto)	<input type="checkbox"/> Signature Loan	
	<input type="checkbox"/> Share/Certificate Secured	
	<input type="checkbox"/> Other Secured	

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (310) 374-3436 (callers from outside Our area code may call collect) or by writing Us at 2304 Artesia Blvd., Redondo Beach, California 90278-3199.

APPLICANT

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER/STATE		BIRTHDATE
CURRENT STREET ADDRESS			YEARS	
CITY		STATE	ZIP	
EMAIL ADDRESS				
DO YOU: <input type="checkbox"/> OWN	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEPENDENTS	
<input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD				
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				

SPOUSE/CO-APPLICANT

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER/STATE		BIRTHDATE
CURRENT STREET ADDRESS			YEARS	
CITY		STATE	ZIP	
EMAIL ADDRESS				
DO YOU: <input type="checkbox"/> OWN	HOME TELEPHONE	NO. OF DEPENDENTS	AGES OF DEPENDENTS	
<input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD				
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				

EMPLOYMENT AND INCOME

If self-employed or retired, attach financial statement or last 2 years income tax returns.

CURRENT EMPLOYER		EMPLOYMENT DATE		
ADDRESS/CITY/STATE/ZIP				
WORK TELEPHONE	POSITION	MONTHLY GROSS INCOME		
		\$		
FORMER EMPLOYER (LESS THAN 2 YEARS)	POSITION	YEARS THERE		

CURRENT EMPLOYER		EMPLOYMENT DATE		
ADDRESS/CITY/STATE/ZIP				
WORK TELEPHONE	POSITION	MONTHLY GROSS INCOME		
		\$		
FORMER EMPLOYER (LESS THAN 2 YEARS)	POSITION	YEARS THERE		

OTHER INCOME

You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE/SOURCE OF OTHER INCOME	MONTHLY AMOUNT
	\$

TYPE/SOURCE OF OTHER INCOME	MONTHLY AMOUNT
	\$

ASSETS AND DEPOSITS

Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NUMBER	APPROXIMATE BALANCE
Checking			
Savings			
Other			
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED	
		\$	
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED	
		\$	
HOMEOWNERS: PLEASE INDICATE PROPERTY ADDRESS		YEAR PURCHASED	APPROX. VALUE
			\$

TYPE	BANK (OR OTHER) NAME AND ADDRESS	ACCOUNT NUMBER	APPROXIMATE BALANCE
Checking			
Savings			
Other			
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED	
		\$	
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED	
		\$	
HOMEOWNERS: PLEASE INDICATE PROPERTY ADDRESS		YEAR PURCHASED	APPROX. VALUE
			\$

CREDIT INFORMATION Please list all open Accounts with or without a balance. Attach separate sheet if necessary.

A = Applicant C = Spouse/Co-Applicant

PLEASE CHECK		TYPE OF OBLIGATION	LENDERS (OR OTHER) NAME AND ADDRESS LIST ALL OBLIGATIONS INCLUDING SOUTH BAY CREDIT UNION LOANS	ACCOUNT NUMBER	BALANCE	MONTHLY AMOUNT
A	C					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
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<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

Please answer the following questions. If a yes answer is given, explain on attached sheet.	A		C		TOTALS	\$	\$
	Yes	No	Yes	No			
1. Have You filed a petition for bankruptcy in the last 4 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Have You ever had any auto, furniture or property repossessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Do You have any past due bills?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are You a co-maker or co-signer on any loan? For Whom _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is any income You have listed likely to reduce before requested credit is paid off ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have You ever had credit in any other name? What Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____		
5. Have You any suits pending, judgments or tax liens filed, alimony or support awards against You?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

OPTIONAL CREDIT INSURANCE An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OR MORE OF THE BOXES BELOW.

You are interested in Credit Disability Insurance - single coverage
 You are interested in Credit Life Insurance - single coverage joint coverage
 You are interested in Mechanical Breakdown Insurance
 You are not interested in Credit Insurance
 You are not interested in Mechanical Breakdown Insurance

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a Credit Card, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.**

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

APPLICANT SIGNATURE	DATE	SPOUSE/CO-APPLICANT SIGNATURE	DATE
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VISA Share Secured, Share Secured and Certificate Secured Applicants: If Your credit is approved, You grant Us a specific pledge of shares in Your Share Account indicated below and for the amount specified below:

Account Number _____ Amount \$ _____