

Instructions

Please complete the below **MasterCard® Credit Application**. The application is a fill-able PDF. Print the application once completed, sign, and submit to Cumberland Valley National Bank by any of the listed method of delivery:

- ✓ Mail to: PO Box 709, London, KY 40743-0709
- ✓ Drop-off: At any of our Cumberland Valley National Bank branches.
- ✓ Email: By printing, signing and scanning the application and emailing to cvnetcenter@cvnbank.com.

For branch locations you may visit <https://www.cvnbank.com/locations>.



CVNB

CUMBERLAND VALLEY NATIONAL BANK

MasterCard® CREDIT APPLICATION

Check Account Choice:

Individual Account

Joint Account

(see co-applicant and signatures section)

Credit Line Increase

Credit Limit Requested \$ _____

Check Card Choice

MasterCard®

Gold MasterCard®

Platinum MasterCard®

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities. Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT	Last Name		First	Middle	Social Security Number	
	Date of Birth	No. of Dependents	Home Phone	Cell Phone	Own Rent Other	Monthly Payment \$
	Current Address		City	State	Zip Code	How Long (yrs)
	Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
	Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone	Date Employed	
	Address		Position/Occupation		Monthly Gross Income \$	
	Name and Address of Previous Employer (if less than 2 years at present employer)					How Long (yrs)
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness					Amount per Month \$
	Nearest Relative (Not Living With You)			Home Phone	Relationship	
CO - APPLICANT	Last Name		First	Middle	Social Security Number	
	Date of Birth	No. of Dependents	Home Phone	Cell Phone	Own Rent Other	Monthly Payment \$
	Current Address		City	State	Zip Code	How Long (yrs)
	Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
	Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone	Date Employed	
	Address		Position/Occupation		Monthly Gross Income \$	
CREDIT INFO	Name and Address of Creditor		Name under Which Account is Carried	Account Number	Balance	Monthly Payment
	1. Home Mortgage/Rent					
	2. Bank Credit Card/Bank Name and Address					
SIGNATURES	PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/We certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.					
	x _____		Date		x _____	
		Applicant Signature		Co-Applicant Signature		Date
TRANSFER OF BALANCE REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.					
	<input type="checkbox"/> Credit Card Account Number _____		Amount to be transferred \$ _____		Signature _____	
FOR INTERNAL USE ONLY	MasterCard Account No. _____					
	Date Approved		Credit Line		Approved By	

Interest Rates and Interest Charges		MasterCard®	Gold MasterCard®	Platinum MasterCard®
Annual Percentage Rate (APR) for Purchases	Variable-Rate determined by adding 10.00% to the Prime Rate*	Variable-Rate determined by adding 5.00% to the Prime Rate*	9.99% Fixed	
Annual Percentage Rate (APR) for Cash Advances	Variable-Rate determined by adding 10.00% to the Prime Rate*	Variable-Rate determined by adding 5.00% to the Prime Rate*	9.99% Fixed	
Annual Percentage Rate (APR) for Balance Transfers	Variable-Rate determined by adding 10.00% to the Prime Rate*	Variable-Rate determined by adding 5.00% to the Prime Rate*	9.99% Fixed	
Penalty APR and When it Applies	None			
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date (Grace Period) each month.			
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.00			
For Credit Card tips from the Consumer Financial Protection Bureau (CFPB)	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore			
Fees		MasterCard®	Gold MasterCard®	Platinum MasterCard®
Annual Fee	None	None	None	None
Transaction Fees	<ul style="list-style-type: none"> ● Balance Transfer None ● Cash Advances None ● Foreign Transaction 1% 			
Penalty Fees	<ul style="list-style-type: none"> ● Late Payments Up to \$10.00/Up to \$30.00 for Platinum MasterCard® ● Over-the-Credit-Limit None ● Returned Payment Up to \$15.00 			
Other Fees	None			

How We will Calculate Your Balance: We use a method called "average daily balance" (including new purchases). *An explanation of this method is provided in your account agreement.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

Other: * The Prime Rate used to determine your APR is the rate published in the Wall Street Journal. KY, OH, MI, TN Fees Disclosed and Calculated as Finance Charge

Cumberland Valley National Bank, PO Box 709, London, KY 40743-0709

All contents are accurate at the time of printing, for changes that may have been made after printing please call (606) 878-7010.

Balance Transfer Instructions

Just follow these simple steps to start saving money by transferring balances from you high-interest credit cards.

1. Please provide us with a copy of the first page of your most recent statement showing card account number, balance transfer amount, and address of Payment Processing Center.

Allow 14 days after your account is opened for your balance transfer payment to process. During this time you may cancel or modify your balance transfer request by calling Cumberland Valley National Bank (CVNB).

2. You may transfer any amount, but the total amount including any balance transfer fee must be less than your available credit limit unless otherwise disclosed in the CVNB Disclosures. You should not transfer the amount of any disputed purchase or other charge. If you do, you may lose your dispute rights. You may not transfer balances from other accounts issued by CVNB.

3. Continue to pay the other credit card issuer until we notify you in writing that we have approved the balance transfer. When we do, we pay the amount of the balance transfer directly to that issuer. The available credit limit for your new card will be reduced by the total amount of the transfers we approve.