

L O W E R E A S T S I D E P E O P L E ' S F E D E R A L C R E D I T U N I O N

PEOPLES CARD CREDIT LIMIT INCREASE REQUEST

Date _____ Acct # _____ Credit Card Acct # _____ Verified ?

Applicant _____ DOB ____/____/____

Address _____
Street Apt #

City Zip Code

(____) _____ (____) _____ (____) _____
Home # Work # Cell #

Social Security # _____ - _____ - _____ Mother's Maiden Name _____

Verification # (last 3 digits on back of card) _____

Date Card Was Last Used ____/____/____ Card Issue Date ____/____/____

Limit Requested \$ _____ **Current Limit \$** _____

Reason for request _____

New Annual Income (if applicable) \$ _____ Previous Annual Income \$ _____

New Employer Name & Address (if applicable) _____

New Other Income (if applicable) _____ Previous Other Income \$ _____

Source of New Other Income _____

Additional Card Requested _____ Yes _____ No For _____

Member Signature _____

Credit Review (for office use only)

Credit Score _____ Previous Credit Score _____

Last 6 months of repayment: # Late Payments _____ # Days Late _____ # Times Credit Exceeded _____

Reduced To Approved Credit Limit without collection effort? _____ Yes _____ No

Comments _____

Loan Officer Action (for office use only)

_____ Approved _____ Counter Offer \$ _____ Declined

_____ Gold _____ Classic Preferred _____ Classic Plus _____ Classic _____ Secured

New Credit Card Account # (if applicable) _____

Loan Officer Signature _____ Date _____