

Peoples

STATE BANK



Visa®

MasterCard®

Credit Card Application

Make your new Visa or MasterCard your constant traveling companion and you'll always have instant credit at your fingertips. Our new card is already packed with everything you need to take you anywhere you want to go. From the tiniest boutique to the largest resort, your Visa or MasterCard is your ticket to the best.

You'll enjoy more shopping, more fine restaurants, more travel opportunities with your Visa or MasterCard, whether you're going across town or around the world.

Accepted around the globe wherever you see the Visa or MasterCard emblem. You'll benefit from its convenience and security whenever you use your card to travel, shop, or dine. In business or pleasure, you'll find it makes your life a little bit easier.

When you use either credit card for the purchase of goods or services, the following benefits are yours!

*** TRAVEL ACCIDENT INSURANCE**

You are automatically covered by accidental death and dismemberment protection when traveling by any common carrier worldwide.

*** TRAVEL DISCOUNTS**

You are guaranteed special savings on auto rental rates at Avis, Hertz, and National.

*** TRAVEL DIVIDENDS**

Dividends are yours whenever you use the Travel Reservations service.

*** EMERGENCY CASH**

You have emergency cash available, up to \$500, if you are stranded without cash.

*** CARDHOLDER VANTAGE POINT**

A quarterly newsletter will come to you with your card statement.

*** EYE WEAR DISCOUNTS**

This program entitles you to savings on most eye wear products.

UNEMPLOYMENT / DISABILITY / LIFE CREDIT INSURANCE

CREDIT ACCOUNT PROTECTOR "CAP" PROTECTS YOUR FAMILY & YOU by making your minimum monthly payments up to \$500 if you become involuntarily unemployed or totally disabled for 30 days or more & by paying your balance in full, up to \$10,000, in the event of your death or dismemberment. (1) CAP insurance costs just \$0.65(2) per \$100 of your balance each month & there's no charge when there's no balance on your account. CAP is optional & covers the primary account holder only for disability and unemployment. Coverage stops when you reach age 71, you become delinquent in your credit card payments, you write the institution requesting cancellation, or if the institution's group policy is ever cancelled, 30 days after we notify you. CAP is underwritten by the USLIFE Credit Insurance Group and the Signature Insurance Group. (3) This is a general description of CAP in the state where your card center is located and in most other states. There may be additional limitations or differences in your state. If you enroll carefully read the certificates which we send you. If CAP is unavailable in your state, we will let you know **ENROLL NOW by signing at the bottom of the application.**

(1) Total benefits are limited to the lesser of your outstanding balance as of the date of loss or \$10,000. You must be under age 70 to enroll, and must be insured at date of loss to qualify for benefits. Interest (except in CA) and premium accrued and charges made after your date of loss are not covered. Unemployment benefits are not available in HI, IA, MA, MN, NY, PA, & VT. Unemployment must be involuntary and does not cover retirement, resignation, incarceration, periods in which you are paid for work previously done, or self-employed people unless the business is closed for financial reasons. You must be gainfully employed at least 30 hours per week at the time your claim begins, and to be eligible to receive benefits you must register at your local unemployment office. Strike is not covered in IL. A covered dismemberment is loss of sight in both eyes or a hand or a foot. Total disability means that due to accidental sickness or injury you are unable to perform the duties of your occupation and you must be attended by a licensed physician other than yourself (not available in NY & PA). Disability benefits for MA residents commence on the 31st day of disability. To be eligible for disability coverage you must be gainfully employed 30 hours per week at the time your claim begins except in CA, GA, ID, IN, MD, MI, MO, NM, OK, TN, TX & WA. Dismemberment is not covered in CA, KS, MN, NJ, PA, RI & WA. Spousal benefits are not available in NJ, NY, PA & TX. If you cancel coverage within 30 days after receipt of your certificate, all premiums will be refunded. The effective date of coverage is the next statement billing date after receipt and acceptance of your enrollment.

(2) \$0.60 in AK, AZ, CA, MD, MI, NE, NH, NC, ND, UT & WI; \$0.55 in CT, GA & NJ; \$0.50 in CO, MO & WA; \$0.42 in TX; \$0.30 for life and disability only in IA & MN; \$0.22 for life and disability only in HI, MA & VT; \$0.0783 for life in PA; \$0.054 for life only in NY; \$0.65 in all other states. Premium rates can be increased upon written notice.

(3) Life, Dismemberment and Disability Insurance: The United States Life Ins. Co., New York, NY (forms G-19115/19081) in NY; Security of America Life Ins. Co. Reading, PA (form C-2327 Series) in CA, CT, DE, MA, NH, NJ, PA & VT; USLIFE Credit Life Ins. Co., Schaumburg, IL (form 275 series) in all other states. Involuntary Unemployment Insurance: Montgomery Ward Ins. Co., Schaumburg, IL (form 260083) in CT & NC; USLIFE Indemnity Co., Omaha, NE (form USI series) in AZ, MO, OK & TX; Forum Ins. Co., Schaumburg, IL (form 360 series) in all other states. If you live in AL, AZ, CA, CO, FL or TX, please read the following: CA residents are not covered for disabilities resulting from pregnancy or intentionally self-inflicted injuries and may receive only limited benefits for other disabilities or suicide. Please read your certificates for further information. AL suicide excluded first year. In AZ, there is no maximum age limitation for involuntary Unemployment Insurance. CO residents must be currently employed to enroll. FL residents may assign or purchase insurance elsewhere. TX residents may choose life and disability insurance coverage only (\$0.22 per \$100 balance). Please write to USLIFE Credit Life Ins. Co., CAP Services, One Woodland Lake, Schaumburg, IL 60173 to request a special CAP enrollment form. (6/3/94)

CREDIT APPLICATION

Check Card Choice: (Only One)

- MasterCard
 Visa

Check Account Choice: (Only One)

- Individual Account
 Joint Account
 Credit Limit Increase

Credit Limit Requested \$ _____

APPLICANT

Note: All Applicable Sections Should Be Filled Out Completely. If Not, Processing Of Your Application May Be Delayed.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> 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		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Place		How Long (yrs)	
Address		Position/Occupation		Monthly Gross Income \$	
Name and Address of Previous Employer					How Long (yrs)
Source of Additional Income					Amount per Month \$
Nearest Relative (Not Living With You)			Home Phone	Relationship	
Their Address		City	State	Zip Code	

You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application.

CO-APPLICANT or SPOUSE

Complete This Section Only If Co-Applicant or Spouse Is Applying For A Joint Account.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> 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		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Place		How Long (yrs)	
Address		Position/Occupation		Monthly Gross Income \$	
Name and Address of Previous Employer					How Long (yrs)
Source of Additional Income					Amount per Month \$

You Need Not Furnish Alimony, Child Support or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application.

CREDIT INFORMATION

Attach Additional Sheet If Necessary

Bank Name and Address	Branch	Loans	Open	Closed
Checking Account Number/Name Listed		Savings Account Number/Name Listed		
Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1. Automobile			\$	\$
2. Home Mortgage			\$	\$
3. Bank Credit Card/Bank Name and Address			\$	\$
4. Other			\$	\$

CREDIT DISCLOSURES

ANNUAL PERCENTAGE RATE FOR PURCHASES	ANNUAL MEMBERSHIP FEE	GRACE PERIOD FOR PURCHASES	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	LATE PAYMENT FEE	OVER THE LIMIT FEE	CASH ADVANCE FEE
14.28% *	None **	25 DAYS***	AVERAGE DAILY BALANCE INCLUDING NEW PURCHASES***	5% \$5.00 maximum \$1.00 minimum	None	3% of the balance or \$10.00 (whichever is greater)

At the date this application was created, March 1995, the information listed above was accurate.

Because rates and terms are subject to change, you may contact us for the current information by writing to Peoples State Bank, PO Box 217, Wyalusing, PA 18853-0217.

*** A finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date and on new Credit Purchases from the date of posting to your account during the current billing cycle, and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date. The Finance Charge for a billing cycle is computed by applying the monthly Periodic Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges. A finance charge will be assessed on cash advances from the date of the cash advance, or the first day of the billing cycle in which the cash advance is posted, whichever is later, and will continue to accrue until payment in full is made.

* VARIABLE RATE INFORMATION - The annual percentage rate may vary. The rate is determined by adding 6.00% to the highest Prime Rate in the "Money Tables" of the Wall Street Journal and then rounded to the next highest one-twenty-fifth of one percentage point. This rate is a variable and is subject to change effective with the Prime Rate on April 1, July 1, October 1, and January 1. The rate will take effect on the 1st day of your billing period for April, July, October, and January. The maximum annual percentage rate is 18%.

** ANNUAL FEE - The first credit card account has no annual fee, however, if you wish to have two accounts, there will be a \$15 fee for the second account.

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/We certify that all information is true and complete. I/We agree that inquires may be made to verify information and that credit references or verification may be given based on inquires 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 bank card 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 this a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date

SIGNATURE(S)

YES	Please enroll me in the optional CAP insurance program. I have read and understood the insurance and cost disclosures as described herein. CAP costs vary by state but won't exceed \$0.65 per \$100 of my monthly balance. The cost will be charged to my account each month. This insurance is voluntary and I may cancel at any time.
_____	BIRTHDAY ____ / ____ / ____ (eligible to age 70)
(primary/first-named applicant)	

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

Visa Account No. _____ MasterCard Account No. _____

Signature _____ Please send a copy of your last STATEMENT.

FOR INTERNAL USE ONLY

Visa Account No.			MasterCard Account No.		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY