

<Existing Accounts>

Thank you for your recent credit request. We are required to obtain written consent before we can process a credit request on accounts where a legally responsible cardholder is younger than 21 or whose date of birth we do not have on file. **Please complete the section(s) that best fit your account/credit request.** All forms need to be complete and returned to the address or fax number provided within 30 days. You will receive a letter in the mail requesting this same information, please respond only once.

Section A – Please complete if your request is related to your unsecured Credit Card account

Section B – Please also complete this section if your request is related to your unsecured Credit Card account and you are being asked to add a guarantor to your account

Section C – Please complete if your request is related to your Gold Option or Gold Reserve account

Section D – Please also complete this section if your request is related to your Gold Option or Gold Reserve account and you are being asked to add a co-applicant to your account

Section E – Please complete if your request is related to your Secured Credit Card account

Section A

Primary Account Holder Name _____

Address _____

City _____ State _____ Postal Code _____

Full Account Number _____

Please complete all of the information below and return it to Card Services, P.O. Box 15646, Wilmington, DE 19850-5646. If you prefer, you may fax the information to 1.866.939.7135. Please note that missing information may delay the processing of your request.

Please place a checkmark in the box next to the appropriate credit request(s):

- Credit Line Increase to _____ (in increments of \$100)
- Adjust Credit Lines Between Multiple Accounts (final credit lines to total _____ with requested credit lines in increments of \$100)
- Credit Line Increase on Account # _____ from _____ to _____ with a
- Credit Line Decrease on Account # _____ from _____ to _____
- Credit Line Decrease on Account # _____ from _____ to _____
- Credit Line Decrease on Account # _____ from _____ to _____
- Add Guarantor (please have proposed guarantor complete Section B)
- Reopen Account

Please provide the following required information for yourself:

Alimony, child support, or separate maintenance income does not need to be revealed if you do not wish it to be considered as a basis for repayment.

Cardholder annual income: _____ Cardholder additional income: _____

Source of additional income: _____ Cardholder date of birth: _____

Employer: _____ Position: _____

Monthly Housing payment: _____ Rent () Mortgage () Own () Other ()

I provide my consent to process the above listed request(s).

Primary Account Holder Signature: _____ Today's Date: _____

If you share your account with another person who is also legally liable for the account balance, please have them provide their written consent as well:

NOTICE TO COSIGNER (guarantor or co-applicant):

I also consent to the credit request contained within this letter.

Cosigner Date of Birth (MM/DD/YY): _____

Cosigner Name (Please print): _____

Cosigner Signature: _____ Today's Date: _____

Section B

Primary Account Holder Name _____

Primary Account Holder Address _____

City _____ State _____ Postal Code _____

Full Account Number _____

Please complete all of the information below and return it to Card Services, P.O. Box 15646, Wilmington, DE 19850-5646. If you prefer, you may fax the information to 1.866.939.7135. Please note that missing information may delay the processing of your request.

As a reminder, a guarantor is someone who is over 21 years of age and has established good credit. A guarantor is financially responsible for the account and provides additional assurance that the account will be responsibly managed. Please note all fields marked (*) are required.

Guarantor Name*: _____ Social Security Number*: _____

Current physical street address*: _____

Home phone number: _____ Date of Birth*: _____

Employer: _____ Position: _____

Years there: _____ Business phone number: _____

Previous employer and position (if at current employer less than 3 years): _____

Monthly Housing payment: _____ Rent () Mortgage () Own () Other ()

Alimony, child support, or separate maintenance income does not need to be revealed if you do not wish it to be considered as a basis for repayment.

Guarantor annual income: _____ Guarantor additional income: _____

Source of additional income: _____

Email address: _____

NOTICE TO GUARANTOR:

You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, you will have to. Be sure that you can afford to pay if you have to and that you want to accept this responsibility. You may have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase this amount.

The bank can collect this debt from you without trying to collect from the borrower. The bank can use the same collection methods permitted by applicable law against you that can be used against the borrower. If this debt is ever in default, the fact will become a part of your credit record. This notice is not the contract that makes you liable for this debt. Please keep a copy of this information in a safe place.

****The applicant has reviewed the terms of the account with me. I agree to its terms and understand that I will be jointly and severally liable for all balances on the account. I also consent to the credit request contained within this letter.**

I understand that the account agreement and all other communications about this account is sent to the primary applicant; if I wish to see these I will ask the primary applicant for a copy of them.

Guarantor Signature: _____ Today's Date : _____

Section C

Primary Account Holder Name _____

Address _____

City _____ State _____ Postal Code _____

Full Account Number _____

Please complete all of the information below and return it to Consumer Lending Credit, P.O. Box 15646, Wilmington, DE 19850-5646. If you prefer, you may fax the information to 1.866.939.7135. Please note that missing information may delay the processing of your request.

Please place a checkmark in the box next to the appropriate credit request(s):

Credit Line Increase to _____ (in increments of \$100)

Add Co-applicant (please have proposed cosigner complete Section D)

Reopen Account

Please provide the following required information for yourself:

Alimony, child support, or separate maintenance income does not need to be revealed if you do not wish it to be considered as a basis for repayment.

Account holder annual income: _____ Account holder additional income: _____

Source of additional income: _____ Account holder date of birth: _____

Employer: _____ Position: _____

Monthly Housing payment: _____ Rent () Mortgage () Own () Other ()

I provide my consent to process the above listed request(s).

Primary Account Holder Signature: _____ Today's Date: _____

If you share your account with another person who is also legally liable for the account balance, please have them provide their written consent as well:

NOTICE TO CO-APPICANT:

I also consent to the credit request contained within this letter.

Co-applicant Date of Birth (MM/DD/YY): _____

Co-applicant Name (Please print): _____

Co-applicant Signature: _____ Today's Date: _____

Section D

Primary Account Holder Name _____

Primary Account Holder Address _____

City _____ State _____ Postal Code _____

Full Account Number _____

Please complete all of the information below and return it to Consumer Lending Credit, P.O. Box 15646, Wilmington, DE 19850-5646. If you prefer, you may fax the information to 1.866.939.7135. Please note that missing information may delay the processing of your request.

As a reminder, a co-applicant is someone who is over 21 years of age and has established good credit. A co-applicant is jointly financially responsible for the account and the account will report as a joint account on the credit report of both accountholders. Please note all fields marked (*) are required to comply with the federal USA PATRIOT Act. We are required to obtain and verify several pieces of critical information: your legal name, social security number, date of birth, and physical street address.

Co-applicant Name*: _____ Social Security Number*: _____

Current physical street address*: _____

Home phone number: _____ Date of Birth _____ Country of Citizenship: _____

Employer: _____ Position: _____

Years there: _____ Business phone number: _____

Previous employer and position (if at current employer less than 3 years): _____

Monthly Housing payment: _____ Rent () Mortgage () Own () Other ()

Alimony, child support, or separate maintenance income does not need to be revealed if you do not wish it to be considered as a basis for repayment.

Co-applicant annual income: _____ Co-applicant additional income: _____

Source of additional income: _____

Email address: _____

Please see below for important disclosure information and to provide your written consent to be added as a co-applicant.

NOTICE TO CO-APPLICANT:

I agree to have my name added to the above-referenced account. I have read this entire application and everything I have stated is true. I am at least 21 years of age and either a United States citizen or a permanent resident of the United States. I authorize FIA Card Services, N.A. to review my credit and employment histories and any other information in order to process this application, service my account, and manage its relationship with me. If I use the account, I do so subject to the terms of the Account Agreement as it may be amended or supplemented. I understand that by agreeing to be a joint applicant, I am liable for all balances, regardless of who makes each new transaction.

The applicant has reviewed the terms of the account with me. I agree to its terms and understand that I will be jointly and severally liable for all balances on the account. I also consent to the credit request contained within this letter.

I understand that the account agreement and all other communications about this account is sent to the primary applicant; if I wish to see these I will ask the primary applicant for a copy of them.

Co-applicant Signature: _____

Today's Date: _____

Section E

Primary Account Holder Name _____

Address _____

City _____ State _____ Postal Code _____

Full Account Number _____

Please complete all of the information below and return it to Credit Card Operations, AZ9-504-02-01, P.O. Box 53144, Phoenix, AZ 85072-9324. If you prefer, you may fax the information to 1.602.597.5912. Please note that missing information may delay the processing of your request.

Please place a checkmark in the box next to the appropriate credit request(s):

_____ Credit Line Increase to _____ (in increments of \$100)

_____ Reopen Account

_____ Upgrade from Secured to Unsecured credit card product

Please provide the following required information for yourself:

Alimony, child support, or separate maintenance income does not need to be revealed if you do not wish it to be considered as a basis for repayment.

Cardholder annual income: _____

Cardholder additional income: _____

Source of additional income: _____

Cardholder date of birth: _____

Employer: _____

Position: _____

Years there: _____

Monthly Housing payment: _____ Rent () Mortgage () Own () Other ()

Please include a check or money order to secure the account if it has not already been provided. If you have a checking or savings account opened in the United States, we can debit the amount directly from your account if you prefer.

Routing number _____ Checking/Savings account number to debit _____

Debit Amount \$ _____ State where account resides _____

I provide my consent to process the above listed request(s).

Primary Account Holder Signature: _____ Today's Date: _____