

VISA Increase Request

<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account	<input type="checkbox"/> Increase Amount to \$ _____ <input type="checkbox"/> Decrease Amount to \$ _____ Credit Card # _____
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<u>Applicant</u>	<u>Co-Applicant</u>
_____ Last Name First M.I.	_____ Last Name First M.I.
_____ Street Address	_____ Street Address
_____ City State Zip Code	_____ City State Zip Code
_____ Home Phone # Alternative Phone#	_____ Home Phone # Alternative Phone#
<u>For Credit Increase Only</u>	
_____ Employer Work Phone #	_____ Employer Work Phone #
_____ Monthly Gross Income Additional Income	_____ Monthly Gross Income Additional Income

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 to verify information and that credit reference 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. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customer, and that credit reporting agencies maintain separate credit histories and each individual upon request. The Ohio Civil Rights Commission administers compliances with this law.

Applicant Signature	Date	Co-Applicant Signature	Date

For Office Use Only:	
Branch Received By: _____ Date: _____ Faxed By: _____ Date: _____ Mailed By: _____ to Adm <input type="checkbox"/> RMH <input type="checkbox"/> GMC <input type="checkbox"/> Akron <input type="checkbox"/>	Administration Office Credit Card Account # _____ Increase By: _____ Decrease By: _____



Dublin Office
 3955 W. Dublin Granville Rd
 Dublin, OH 43017
 Fax: 614-737-6031
 Toll Free: 866-254-4791

Riverside Office
 3445 Olentangy River Rd
 Columbus, OH 43214
 First Floor, Suite 110
 Fax: 614-566-4994
 Toll Free: 866-254-4791

Town & Grant Office
 363 E. Town St
 Columbus, OH 43215
 Fax: 614-246-2050
 Toll Free: 866-254-4791

Akron Office
 1174 Battle Ave
 Akron, OH 44314
 Fax: 330-848-6095
 Toll Free: 866-254-4791