# VISA Increase Request

| | |
|---|---|
| ❑ **Individual Account**<br>❑ **Joint Account** | ❑ **Increase Amount to $ _____**<br>❑ **Decrease Amount to $_____**<br>**Credit Card # _____** |

| **Applicant** | **Co-Applicant** |
|---|---|
| _____ _____ ____<br>**Last Name First M.I** | _____ _____ ____<br>**Last Name First M.I** |
| **Street Address**<br>_____ _____ _____<br>**City State Zip Code** | **Street Address**<br>_____ _____ _____<br>**City State Zip Code** |
| _____ _____<br>**Home Phone # Alternative Phone#** | _____ _____<br>**Home Phone # Alternative Phone#** |
| **For Credit Increase Only**<br>_____ _____<br>**Employer Work Phone #** | **For Credit Increase Only**<br>_____ _____<br>**Employer Work Phone #** |
| _____ _____<br>**Monthly Gross Income Additional Income** | _____ _____<br>**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**<br>Received By: _____ Date: _____<br>Faxed By: _____ Date: _____<br>Mailed By: _____ to Adm ❒ RMH ❒ GMC ❒ | **Administration Office**<br>Credit Card Account # _____<br>Increase By: _____<br>Decrease By: _____ |

OHIO HEALTHCARE FEDERAL CREDIT UNION
*We Care Because You Care.*

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