

This document is a Dynamic PDF, meaning it can be filled out and printed using Adobe Acrobat. Click [here](#) for a free download of Adobe Acrobat. Simply place the cursor in a text field and type the required. Once the form is complete, click the "Print Form" button at the bottom of Page 2 or go to the print menu screen. Applicants may also print a blank form and handwrite their information. Once complete, sign and date the form on Page 2 and drop it off at the nearest [Parkvale Branch](#) or mail it to: CREDIT CARD DEPARTMENT, PARKVALE BANK, 4220 WILLIAM PENN HWY., MONROEVILLE, PA 15146-9981

Choose Card Type: Platinum Rewards

Check Account Choice (Only One): Individual Account Joint Account Credit Line Increase

APPLICANT Note: All applicable selections should be filled out completely. If not, processing of your application may be delayed. Institution reserves the right to request additional information.

Last Name		First Name		Middle Initial	Social Security Number
Date of Birth	No. of Dependants	Home Telephone		<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other	
Street Address (cannot be a P.O. Box)		City	State	Zip Code	How Long (Years)
Previous Address If Less Than Three Years		City	State	Zip Code	How Long (Years)
Employer Name		Self Employed <input type="radio"/> Yes <input type="radio"/> No		Employer Telephone No.	How Long (Years)
Employer Address				Position/Occupation	Monthly Gross Income
Name And Address Of Previous Employer If Less Than Three Years					How Long (Years)
Source of additional income (You need not furnish alimony, child support or maintenance income information if you do not want us to consider it in evaluating your application)					Amount Per Month
Nearest Relative (Not Living With You)			Telephone Number		Relationship
Nearest Relative's Address		City	State	Zip Code	

CO-APPLICANT

Last Name		First Name		Middle Initial	Social Security Number
Date of Birth	No. of Dependants	Home Telephone		<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Other	
Street Address (cannot be a P.O. Box)		City	State	Zip Code	How Long (Years)
Previous Address If Less Than Three Years		City	State	Zip Code	How Long (Years)
Employer Name		Self Employed <input type="radio"/> Yes <input type="radio"/> No		Employer Telephone No.	How Long (Years)
Employer Address				Position/Occupation	Monthly Gross Income
Name And Address Of Previous Employer If Less Than Three Years					How Long (Years)
Source of additional income (You need not furnish alimony, child support or maintenance income information if you do not want us to consider it in evaluating your application)					Amount Per Month
Nearest Relative (Not Living With You)			Telephone Number		Relationship
Nearest Relative's Address		City	State	Zip Code	

CREDIT INFORMATION (Attach Additional Sheet If Necessary)

Bank Name and Address		Your Primary Branch Location	
_____		_____	
Checking Account Number(s) and Name(s) Listed		Savings Account Number(s) and Name(s) Listed	
_____		_____	
Automobile Loan	Loan Account Number	Remaining Balance On Loan	Monthly Payment
_____	_____	_____	_____

OPTIONAL BALANCE TRANSFER REQUEST

Amount \$	Account Number	Credit Card Lender Name	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____
Amount \$	Account Number	Credit Card Lender Name	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____

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 made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of the 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 completely presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time-to-time.

X _____	_____	X _____	_____
Applicant's Signature	Date	Co-Applicant's Signature	Date

FOR INTERNAL USE ONLY

Visa Account Number	Credit Line	Approved By	Date Approved	Number of Cards
_____	_____	_____	_____	_____

IMPORTANT: Print and retain for your records the Parkvale Consumer Visa Card Disclosure Information and Billing Rights.