

The new, limited edition
Wizard of OZ Credit Card



Only from



FIRST NATIONAL BANK
of Wamego

After completing and signing this application, mail it to:
The First National Bank of Wamego
PO Box 226
Wamego, KS 66547

Limited Edition OZ Credit Card. No Annual Fee. Part of the proceeds of this card support the operation and expansion of the OZ Museum in Wamego, Kansas. Questions? Call us at 785-456-2221.

MEMBER
FDIC

www.OZCreditCard.com



CREDIT APPLICATION

Visa® Gold

Check Account Choice: Individual Account
 Joint Account
 Credit Limit Increase
(Signature required for joint applicant)

Credit Limit Requested \$ _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means for you: When you open an Account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

APPLICANT

Note: All applicable sections should be filled out completely to avoid delay in processing your application.

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	
Mailing Address (if different from above)		City		State		Zip Code	
Previous Address (if less than 2 years at present address)		City		State		Zip Code	
Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed	
Address		Position / Occupation				Monthly Gross Income \$	
Name and Address of Previous Employer (if less than 2 years at present employer)						How Long (yrs)	
Source of Additional Income: income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining creditworthiness.						Amount per Month \$	
Nearest Relative (Not Living With You)				Home Phone		Relationship	
Their Address		City		State		Zip Code	

CO - APPLICANT

Information about a co-applicant is not required for an individual 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	
Previous Address (if less than 2 years at present address)		City		State		Zip Code	
Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed	
Address		Position / Occupation				Monthly Gross Income \$	

CREDIT INFORMATION

Attach Additional Sheet If Necessary.

Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent			\$	\$
2. Bank Credit Card /Bank Name and Address			\$	\$

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	18% (Fixed)
Other APR's	Cash Advance APR: 18% (Fixed) Balance Transfer APR: 18%
Grace Period for repayment of balances for purchases	25 Days
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual Fees	None
Minimum Finance Charge	None
Transaction Fee for Cash Advances	3% of the amount advanced
Balance Transfer Fee	None
Late Payment Fee	\$30.00 (applied when minimum payment is not received within 15 days after closing date.)
Return Payment Fee	\$30.00
Over-the-Credit-Limit Fee	\$30.00 (applied when a balance is 10% or more over the limit.)

The information about the costs of the card described in this application is accurate as of September 2005. This information may have changed after that date. To find out what may have changed, write us at P.O. Box 226, Wamego, KS 66547.

SIGNATURE(S)

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 this institution. I / We agree to be bound by the terms and conditions of the cardholder 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 is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X

Applicant Signature

Date

X

Co-Applicant Signature

Date

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.

Credit Card Account Number _____

Amount to be transferred \$ _____

Signature _____

FOR INTERNAL USE ONLY

Visa Gold Account No. _____

DATE APPROVED

CREDIT LINE

APPROVED BY