

Arthur State Bank - Online Credit Card Application

Please complete, print, sign and fax or mail to: Fax Number: 864-833-1525

Arthur State Bank Attn: Credit Card Department PO Box 5135 Spartanburg,

Are you applying for a: New Credit Card Credit Limit Increase

Credit Limit Requested \$ _____ Apply for a: Visa MasterCard

Applicant

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Previous Address _____ City State Zip _____

How long have you lived at your current address? _____ Previous address? _____

Employer _____ Position _____

of years with current employer _____ Gross Monthly Salary \$ _____

Other Income \$ _____ per month Source _____

(Income from Alimony, Child Support or Maintenance payments need not be revealed if the applicant does not wish it to be considered as a basis for repaying this obligation.)

Name, Relationship, Address, and Phone Number of Nearest Relative Not Living with You:

Name _____ Relationship _____ Phone Number _____

Address _____

Spouse/Co-Applicant **Note:** This information required only if he/she is liable for the account

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Previous Address _____ City State Zip _____

How long have you lived at your current address? _____ Previous address? _____

Employer _____ Position _____

of years with current employer _____ Gross Monthly Salary \$ _____

Other Income \$ _____ per month Source _____

(Income from Alimony, Child Support or Maintenance payments need not be revealed if the applicant does not wish it to be considered as a basis for repaying this obligation.)

Name, Relationship, Address, and Phone Number of Nearest Relative Not Living with You:

Name _____ Relationship _____ Phone Number _____

Address _____

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.

Asset and Debt Information

() Checking () Savings () Money Market () Certificate of Deposit () Other

Bank Name _____ Account #'s _____

Real Estate Information: Rent Own Other

Mortgage Holder or Landlord _____ Value? \$ _____

Present Balance Owed \$ _____ Monthly Payment \$ _____

Description of collateral (include model, year, mileage, purchase price, address and any other relevant information depending upon the type of collateral)

Other Comments or Requests

Credit Card Disclosures

Annual Percentage Rate For Purchases And Balance Transfers	Annual Membership Fee	Grace Period For Purchases	Method of Computing The Balance For Purchases	Late Payment Fee	Over The Limit Fee	Returned Check Charge	Cash Advance Fee
13.98%	None	25 Days*	Average Daily Balance Excluding New Purchases	\$10.00	\$10.00	\$30.00	None

The information listed above is accurate as of June 1, 2007. Because rates and terms are subject to change, you may contact us for the current information by writing to the following business address: Attn: Credit Card Department PO BOX 481 Clinton, SC 29325

*A finance charge will be imposed on Credit Purchases only if you elect not to pay the entire new balance shown on your monthly statement for the billing cycle during which such transactions are posted to your account within 25 days from the closing date of that statement. If you elect not to pay the entire new balance shown on your monthly statement within that 25-day period, a finance charge will be imposed on the unpaid average daily balance of such Credit Purchases from the statement closing date (but not on Credit Purchases posted during the current billing period) and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. The finance charge for a billing cycle is computed by applying the monthly periodic rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by subtracting from the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any payments as received and credits as posted to your account, but excluding any unpaid finance charges.

A finance charge will be imposed on Cash Advances from the date made or from the first day of the billing cycle in which the Cash Advance is posted to your account, whichever is later, and will continue to accrue on the unpaid average daily balance of such Cash Advances until the date of payment if paid during the same billing cycle, or until the closing date of the billing cycle preceding the date on which the entire new balance is paid in full or until the date of payment if more than 25 days from the closing date. If the new balance shown on your monthly statement for the prior billing cycle is paid in full within 25 days of the closing date of that statement, no finance charges will be imposed during the current billing cycle for Cash Advances posted to your account during previous billing cycles.

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.

Visa Account No. _____ MasterCard Account No. _____

Signature _____ Please send a copy of your last Statement.

Federal Credit Application Insurance Disclosure

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER: 1. My purchase of an insurance product or annuity from you or from any of your Affiliates; or 2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

Signatures

I hereby affirm that the information set forth in this application and in any supplemental attachments is true, accurate and complete and is made with the intent of obtaining credit from Arthur State Bank. I expressly authorize the bank to obtain and verify such information from my employer, any credit reporting agencies, any other person or source as may be desired in connection with representations made in this application for credit. I further authorize each source to provide Arthur State Bank with such information as may be requested. I agree that this application for credit shall remain Arthur State Bank's property whether or not any Credit Limit is granted. I/We fully understand that it is a federal crime punishable by fine and/or imprisonment, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

This offer is subject to the credit policies of this 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 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 _____ X _____
Applicant Signature Date: Co-Applicant Signature Date:

For Internal Use Only Version: 05-13-05

Visa Account No. _____ or MasterCard Account No. _____

Date Approved _____ Credit Line _____ Approved By _____