

Interest Rates and Interest Charges	MasterCard® Classic	MasterCard® Platinum	MasterCard® Business
Annual Percentage Rate (APR) for Purchases	17.00% Fixed	14.99% Fixed	17.00% Fixed
APR for Balance Transfers	17.00% Fixed	14.99% Fixed	17.00% Fixed
APR for Cash Advances	17.00% Fixed	14.99% Fixed	17.00% Fixed
Penalty APR and When It Applies	None		
How to Avoid Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on retail purchases, cash advances and balance transfers if you pay your entire balance by the due date.		
Minimum Interest Charge	\$0.00		
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .		

Fees	MasterCard® Classic	MasterCard® Platinum	MasterCard® Business
Annual Fee	None	None	None
Membership Fee	None	None	None
Transaction Fees	<ul style="list-style-type: none"> • Balance Transfer Up to 3% of the amount transferred with a minimum of \$5.00 • Cash Advances Up to 3% of the amount advanced with a minimum of \$5.00 • Foreign Transaction Up to 2% for Single and Multi Currency 		
Penalty Fees	<ul style="list-style-type: none"> • Late Payment Up to \$35.00 • Over-the-Credit-Limit None • Returned Payment Up to \$35.00 		
Other Fees	<ul style="list-style-type: none"> • Pay By Phone Up to \$10.00 • Rush Card Fee Up to \$50.00 • Replacement/Additional Card fee Up to \$12.50/card after 2 cards • Statement Reprint Fee Up to \$10.00 		

How We Will Calculate Your Balance: We use a method called “average daily balance” (including new purchases). * An explanation of this method is provided in your account agreement.

Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

Military Lending Act: Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

CREDIT APPLICATION

Amount Requested \$ _____

Note:
In order to process your application, all applicable sections must be completed.

Check Card Choice:

- MasterCard® Classic
- MasterCard® Platinum \$5,000 or greater
- MasterCard® Business

Check Account Choice:
(Signature is required for joint applicant.)

- Individual Account
 - Joint Account
- We intend to apply for joint credit.
Applicant Initials _____
Co-Applicant Initials _____
 Credit Line Increase

APPLICANT

First Name		Middle Name		Last Name		Social Security Number	
Date of Birth	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Phone ()		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Monthly Payment	
Current Address		City		State	Zip Code	Years	
Mailing Address (if different from above)		City		State	Zip Code	Years	
Previous Address (if less than 2 years at present address)		City		State	Zip Code	Years	
Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed	
Address				Occupation		Monthly Gross Income	
Name and Address of Previous Employer (if less than 2 years at present employer)						Years	
Source of Additional Income: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for creditworthiness or repayment ability.						Amount per Month	
Nearest Relative (not living with you)				Primary Phone ()		Relationship	

CO-APPLICANT

First Name		Middle Name		Last Name		Social Security Number	
Date of Birth	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Phone ()		Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Monthly Payment	
Current Address		City		State	Zip Code	Years	
Previous Address (if less than 2 years at present address)		City		State	Zip Code	Years	
Employer		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ()		Date Employed	
Address				Occupation		Monthly Gross Income	

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the U.S. 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. In addition, for legal entity accounts, we will require identification on beneficial owners and controlling person. **What this means for you:** When you open an account, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents, and we may take a photograph for our records.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This application is being submitted as a request to obtain a Bank of Yazoo credit card. By signing below, I/we certify that all information contained herein is true and correct. I/we agree that Bank of Yazoo is hereby authorized to verify with other parties and to investigate my/our credit, either directly or through any nationally recognized credit reporting agency. This offer is subject to credit approval and the credit policies of Bank of Yazoo. I/we agree to be bound by the terms and conditions of the cardholder agreement that will be provided to the applicant(s), if approved. If credit is granted, applicant's use of the card confirms receipt of the cardholder agreement and confirms applicant's acceptance of such terms and conditions contained in the cardholder agreement. Bank of Yazoo may report information about your account to credit agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

X _____ X _____
Applicant Signature Date Co-Applicant Signature Date

FOR INTERNAL USE ONLY

MasterCard Account Number	Credit Line	Date Approved	Approved By
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Bank of Yazoo City (Bank of Yazoo), Yazoo City, MS 39194

Mail to P.O. Box 600, Yazoo City, MS 39194 or return to any location.

At the time of printing, all information stated herein, including rates, fees, etc., is accurate. Please call (888) 226-5292 for information regarding any changes that may have occurred subsequent to such printing.