

Place
Stamp
Here

Greenville National Bank
446 S. Broadway
PO Box 190
Greenville, OH 45331-0190



**GREENVILLE
NATIONAL
BANK**

THE HOMETOWN CARD...



...WITH WORLDWIDE
ACCEPTANCE

APPLY TODAY

When you use the...



**GREENVILLE
NATIONAL
BANK**

**Visa® Credit Card for the purchase of goods
or services, the following benefits are yours!**

TRAVEL ACCIDENT INSURANCE

You, your spouse and dependent children up to age 19 (age 25 if a full-time student at any institute of higher learning) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi, or any other common carrier anywhere in the world when you charge your entire fare to your Greenville National Bank credit card. This coverage is provided to you at NO EXTRA COST!

GREENVILLE NATIONAL BANK'S VISA DEPARTMENT is located at:

114 West Fourth Street, Greenville, OH 45331

Phone: 937-548-1114

To report a **lost** or **stolen** card
call 1-866-604-0381

INTEREST RATES AND INTEREST CHARGES

Annual Percentage Rate (APR) for Purchases	13.74% Your APR will vary with the market based on Prime Rate.
APR for Balance Transfers	13.74% Your APR will vary with the market based on Prime Rate.
APR for Cash Advance	23.74% Your APR will vary with the market based on Prime Rate.
Penalty APR and When It Applies	<p>25.00%</p> <p>This APR may be applied to your account if you:</p> <p>a) Make a late payment b) Make a payment that is returned unpaid</p> <p>Your APR will vary with the market based on Prime Rate.</p> <p>How Long will the Penalty APR Apply? If your APRs are increased for any reasons, the Penalty APR may apply indefinitely to future transactions. If we do not receive any minimum payment within 60 days of the due date, the Penalty APR will apply to all outstanding balances and future transactions on your Account. However, if we receive six consecutive minimum payments, when due (No Return Payments), beginning with the first payment due after the increase, the Penalty APR will stop being applied to outstanding balances and future transactions, effective with the next minimum payment due.</p>
How to avoid paying interest on purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date (Grace Period) each month.
Minimum Interest Charge	If you are charged periodic interest, the charge will be no less than \$1.00
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

Annual Fees	NO ANNUAL FEE
Transaction Fees	
Balance Transfer	3% of each balance transferred. Waived for balance transfers at the time of account opening.
Cash Advance	Either \$10.00 or 4% of each cash advance, whichever is greater.
Foreign Fees	2% of each Foreign Purchase Transaction or Foreign ATM Advance Transaction in U.S. Dollars. 3% of each Foreign Purchase Transaction or Foreign ATM Advance Transaction in a Foreign Currency.
Penalty Fees	
Late Payment	Up to \$35.00
Over-the-Credit-Line	NONE
Returned Payment	Up to \$35.00
Other Fees	NONE

- **How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)".
- **The Prime Rate:** The Prime Rate used to determine your APR for a billing period is the U.S. Prime Rate published in the Wall Street Journal on the 1st day (or if the 1st day is not a business day, the preceding business day) of the prior month. Your APR will increase if the Prime Rate increases. For each billing period, the APR is determined by adding a Margin to the Prime Rate. The Margin for Purchases and Balance Transfers is **8.74%**; for Cash Advances **18.74%**; and for Penalty Pricing **21.74%**. The maximum APR will be no more than **25.00%**.
- KY, OH, MI, TN Fees Disclosed and Calculated as Finance Charge.
- **Notice to Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with the law.
- The information about the costs of the card described in the application is accurate as of 08/2018. This information may have changed after that date. To find out what may have changed, call us at (937) 548-1114 or (800) 759-9476 or write us at Greenville National Bank, P.O. Box 190, Greenville, OH 45331.

CREDIT APPLICATION

Check Account Choice:

(Signature required for joint applicant)

Visa®

- Individual Account
- Joint Account (see co-applicant and signatures section)
- Credit Line Increase

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 laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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	Last Name	First Name	Middle	Social Security Number
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()
	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 considered in determining creditworthiness			Amount Per Month \$
	Nearest Relative (Not Living With You)			Home Phone () Relationship
CO-APPLICANT	Last Name	First Name	Middle	Social Security Number
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()
	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 \$
AUTHORIZED USER(S)	You may request additional cards for authorized users. You must pay for all charges made by authorized users. You must pay us even if you did not intend to be responsible for those charges. You must notify us to withdraw any permission you give to an authorized user to use your account.			
	Printed Name of Authorized User 1		Signature of Authorized User 1	
APPLICANT SIGNATURES	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 you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. <i>A Photographic or facsimile copy of this authorization (being a valid copy of the signature(s) of the undersigned) may be deemed the equivalent of the original and may be used as a duplicate original.</i>			
	X _____ Applicant Signature	_____ Date	X _____ Co-Applicant Signature	_____ Date
TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance of the credit card account(s) listed below to my new credit card account.			
	<input type="checkbox"/> Credit Card Account Number _____		Amount to be transferred \$ _____	
FOR INTERNAL USE ONLY	Signature _____			
	Visa Account No.	Date Approved	Credit Line	Approved By