

Blanco National Bank VISA® & MasterCard® Application

PLEASE CHOOSE ONE: VISA Platinum Flex Miles \$35 Annual Fee VISA Platinum VISA Classic Flex Miles \$35 Annual Fee VISA Classic Gold MasterCard

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN 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.

PLEASE CHOOSE ONE: INDIVIDUAL APPLICATION JOINT APPLICATION if you intend to apply for joint credit initial here: Applicant _____ Co-Applicant _____

APPLICANT

LAST NAME FIRST NAME MIDDLE INITIAL MOTHER'S MAIDEN NAME (For Security Purposes)

STREET ADDRESS CITY STATE ZIP CODE YEARS AT ADDRESS

NAME OF LANDLORD OR MORTGAGE COMPANY

OWN RENT

BIRTH DATE SOCIAL SECURITY NUMBER HOME PHONE ()

PREVIOUS STREET ADDRESS CITY STATE ZIP CODE YEARS AT ADDRESS

NAME OF EMPLOYER OR SOURCE OF INCOME POSITION OR TITLE BUSINESS PHONE () NO. OF YEARS

PREVIOUS EMPLOYER (if less than 3 years at current position) POSITION OR TITLE BUSINESS PHONE () NO. OF YEARS

GROSS MONTHLY INCOME* OTHER INCOME* SOURCE OF OTHER INCOME \$ \$

*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

NAME OF CLOSEST RELATIVE NOT LIVING WITH YOU HOME PHONE () ADDRESS OF CLOSEST RELATIVE

CO-APPLICANT

Complete the following questions about your spouse only if you live in a community property state, or if you choose to rely on the income or assets of your spouse. If you have a co-applicant or are requesting an authorization for a user of the account, provide information about that person. If you are relying on alimony, child support, or separate maintenance payments or on the income or assets of another person, complete regarding that person.

NAME OF SPOUSE/CO-APPLICANT BIRTH DATE SOCIAL SECURITY NUMBER

BUSINESS EMPLOYER OR SOURCE OF INCOME POSITION OR TITLE BUSINESS PHONE () NO. OF YEARS

GROSS MONTHLY INCOME* OTHER INCOME* SOURCE OF OTHER INCOME \$ \$

*ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT TO BE CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.

SIGNATURES

LOAN APPLICATION CERTIFICATION: Everything that I/we have stated in this application is correct to the best of my/our knowledge. I/We understand that you will retain this application whether or not it is approved. You are authorized to check my/our employment history and to ask questions about my/our credit experiences. This application is submitted to obtain credit. I/We authorize you to release information to others about my/our credit history with you and agree this application will remain your property whether this application is approved or not. I/We have read the Credit Insurance Disclosure and understand that the purchase of Credit Account Protector is optional.

STATE LAW DISCLOSURES: Notice to New York State Residents: Consumer reports may be requested in connection with the processing of your application and any resulting account. Upon request, we will inform you of the names and addresses of any consumer reporting agencies which have provided us with such reports. Notice to Ohio Residents: 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 this law. Notice to Married Wisconsin Residents: No agreement, individual statement, or court order applying to marital property will adversely affect the creditor's interest unless the creditor, prior to the time credit is extended, is furnished with a copy of the agreement, statement, or order, or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. Notice to California Residents: Regardless of your marital status, you may apply for credit in your name alone.

SIGNATURE OF APPLICANT DATE SIGNATURE OF CO-APPLICANT (if applicable) DATE X / / X / /

INTERNAL USE ONLY

BANK #0536

EMPLOYEE CODE: (Not to exceed 5 alpha or numeric characters)

CL _____ CDS _____ DT _____ BY _____

OPTIONAL CREDIT ACCOUNT PROTECTOR

CREDIT INSURANCE DISCLOSURE

The purchase of insurance is optional. The extension of credit cannot be conditioned on either: (a) The consumer's purchase of an insurance product or annuity from the lender or any of its affiliates, or (b) The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from any unaffiliated entity.

Yes! Please enroll me in the optional CAP insurance program. I have read and understood the insurance and cost disclosures as described herein.

Signature _____ Birth Date _____ / _____ / _____
(primary/first named applicant)

	PLATINUM FLEX MILES	CLASSIC FLEX MILES	NON-MILEAGE CARD*
Annual Percentage Rate (APR)	14.25%	14.25%	14.25%
Regular Periodic Rate	1.188%	1.188%	1.188%
Variable Rate Information	Your APR may vary. The rate is determined by a margin of 6.0% to the Index. See explanation below.**	Your APR may vary. The rate is determined by a margin of 6.0% to the Index. See explanation below.**	Your APR may vary. The rate is determined by a margin of 6.0% to the Index. See explanation below.**
Penalty APR	Up to 21%. See explanation below.***	Up to 21%. See explanation below.***	Up to 21%. See explanation below.***
Annual Fee	\$35	\$35	None
Grace Periods	25 days from the Closing Date for Purchases. No grace period for Cash Advances.	25 days from the Closing Date for Purchases. No grace period for Cash Advances.	25 days from the Closing Date for Purchases. No grace period for Cash Advances.
Method of Computing Balances for Purchases and Cash Advances	Average daily balances (including New Purchases and Cash Advances).	Average daily balances (including New Purchases and Cash Advances).	Average daily balances (including New Purchases and Cash Advances).
Cash Advance Fee	2% of the amount of the Cash Advance subject to a minimum fee of \$2.	2% of the amount of the Cash Advance subject to a minimum fee of \$2.	2% of the amount of the Cash Advance subject to a minimum fee of \$2.
International Transactions Fee	1% of the U.S. dollar amount of the transaction converted from a foreign currency.	1% of the U.S. dollar amount of the transaction converted from a foreign currency.	1% of the U.S. dollar amount of the transaction converted from a foreign currency.
Additional Fees	Late payment: \$25 Over-the-limit: \$25 NSF: \$25 Pay-by-Phone: \$10	Late payment: \$25 Over-the-limit: \$25 NSF: \$25 Pay-by-Phone: \$10	Late payment: \$25 Over-the-limit: \$25 NSF: \$25 Pay-by-Phone: \$10

*Non-mileage cards include VISA Platinum, Gold MasterCard and VISA Classic.

**After the introductory rate, the Annual Percentage Rate (APR) will vary based on changes in the Index (the National Prime Rate published in the Wall Street Journal). The Index will be adjusted on the 25th day of each month or the business day preceding the 25th day if that day falls on a weekend or a holiday recognized by the Federal Reserve Bank. Changes in the Index will take effect beginning with the first billing cycle in the Month following a change in the Index. Increases or decreases in the Index will cause the APR and regular periodic rate to fluctuate, resulting in increased or decreased Finance Charges on the Account. As of December 22, 2006, the Index was 8.25%. The Account will never have an APR over 21%.

***If you allow your Account to become 60 days past due, we may increase your APR on all balances to a higher APR equal to the Index plus a margin of 10.9% up to a maximum of 21%. However, if your APR is increased, your Account may become eligible for a lower APR if you make timely payments for three consecutive months.

*Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

The information about the Cost described in this table is accurate as of January 1, 2007. This information may change after that date. To find out what may have changed, call us at 800-367-7576 or write Card Service Center, P.O. Box 569120, Dallas, Texas 75356-9120.

Rev. 01/07

ENJOY THE BENEFITS OF FLEX MILES!

When you choose one of our Flex Miles cards, in addition to a Preferred Rate on your card purchases you will receive the following travel benefits:

- ✦ 1,000 Bonus Miles just for opening your account
- ✦ For every dollar you spend in purchases on your enrolled card, you'll earn a matching Flex Miles point toward free air travel!
- ✦ Travel can be redeemed for as little as 18,000 points for a round-trip ticket – up to a \$360 value! You can also accumulate miles toward greater rewards.
- ✦ There are no blackout dates and no seat restrictions. We make it easy for you to get to the destination of your choice. After all, it's YOUR VACATION!
- ✦ Pre-Trip Assistance
- ✦ Emergency Ticket Replacement

Use your Flex Miles card instead of cash or checks for all those everyday purchases you're already making – everything from gasoline and groceries to car repairs and home furnishings – and watch your Flex Miles add up fast!

CREDIT ACCOUNT PROTECTOR

Credit Account Protector (CAP) helps protect your credit rating and your family by making your minimum monthly payments, up to a maximum of \$500 per month, if you become totally disabled for more than 30 days. It will pay your balance in full, up to a maximum of \$10,000, if you die. Total benefits are limited to the lesser of your outstanding balance as of the date of loss or \$70,000. CAP costs no more than \$0.42 per \$100 of your balance each month and there's no charge when there's no balance on your accounts. Interest, premium accrued and charges made after the date of loss are not covered. **The purchase of credit insurance is optional. It is not a condition of loan approval, and is potentially unnecessary for a person with other life or disability insurance. You may cancel at any time.** Financial premiums are subject to the same financing rates as the credit transaction. The effective date of coverage is the next statement billing date after receipt and acceptance of your enrollment. If you enroll, carefully read the certificate which we send you. Enroll now by signing and returning the bottom of your application. **Fraud Notice:** Warning – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any facts material thereto, commits a fraudulent insurance act, which may be a crime and subject such person to criminal and civil penalties. Penalties may include imprisonment, fines and denial of insurance benefits. **Eligibility:** You are eligible for CAP if you are a cardholder, under the age of 66 (age 71 for life in MI, MO, and OK) and your account is in good standing. The person whose signature appears on the enrollment form is designated as the insured; only one insured per account. **CAP covers only the Insured for benefits.** Benefits are determined as of the date of loss. Coverage stops when your reach age 66 (age 71 for life coverage in MI, MO, and OK) or when your account becomes 60 days past due. Disability coverage is not available in PA, and WA. CAP is not available in AL, AK, AZ, CA, CT, DC, FL, GA, HI, LA, ME, MA, MS, ND, NH, NM, NV, NY, RI, SD, UT, VA and VT. Life and Disability Benefits: CAP pays the balance on the account as of date of death of the primary account holder up to \$10,000. Suicide excluded: 6 months from effective date – TN, WV; 2 years from each advance – AR, KS, MN, MT, NE, NJ, OK, TX. Pre-existing condition excluded 6 months from each advance – CO, DE, IL, IN (over \$1,000), IA, MN, MO, MI, NE, NJ, NY, OH, OR, SC, TN, TX, WA, WV, WI. Self-inflicted injury excluded in AR, CO, DE, ID, IL, IN, IA, KS, KY, MD, MI, MO, MT, NC, NE, NH, OH, OK, OR, SC, TN, TX, WA, WV, WI. Pre-existing condition excluded 6 months from each advance – AR, CO, DE, IL, IN (over \$1,000), IA, MN, MO, MI, NE, NJ, NY, OH, OR, SC, TN, TX, WA, WV, WI. Pregnancy and childbirth excluded in AR, CO, DE, ID, IL, IN, IA, KS, KY, MD, MI, MO, MT, NC, NE, NH, OH, OK, OR, SC, TN, TX, WA, WV, WI. Foreign residence or travel – AR, DE, IL, KS, KY, MN, MO, MT, NE, NJ, NY, OH, OK, OR, SC, TN, TX, WA, WV, WI. Use of alcohol or narcotics – IN, NC. See certificate for exact details on exclusions and limitations. Monthly Program Costs per \$100 Balance: Single Life without Disability – \$0.0705 in PA; \$0.0777 in WV. Single Life with Disability – \$0.181 in WA; \$0.142 in NJ; \$0.145 in WI; \$0.156 in NE; \$0.166 in CO; \$0.1674 in TX; \$0.174 in IA; \$0.178 in NC; \$0.1805 in MI; \$0.185 in OR; \$0.1868 in HI; \$0.20 in IL; \$0.202 in MT; \$0.208 in MO; \$0.215 in ID; \$0.229 in DE; \$0.234 in OK; \$0.242 in KY; \$0.254 in AR; \$0.254 in KS. (Monthly Outstanding Balance Policy Series 880P 851P 870P and IA 115P). This is a summary of the provisions and not a contract. Refer to your policy for exact coverage details, provisions, limitations and exclusions. Policy may vary by state and may not be available in every state. Purchase of credit insurance is not a condition of obtaining credit, and will not be provided unless you sign and agree to pay the additional cost.

NOT A DEPOSIT – NOT FDIC-INSURED
NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
NOT GUARANTEED BY THE BANK