

Bank of Jackson Hole VISA® Application

Credit Limit Requested: \$ _____

Individual Account Joint Account Increase Credit Limit

About Yourself (Applicant):

First Name:	MI:	Last Name:	Social Security Number	
Mailing Address: (PO Box)		City:	State:	Zip:
Physical Address: (Street Address, NO PO BOXES)		City:	State:	Zip:
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Parents		Monthly Payment:		Number of Dependents:
Date of Birth:	Home Phone:	Cell Phone:	Driver License Number and State:	
Previous Address: (less than 3 years)		City:	State:	Zip:
Name of Nearest Relative Not Living with You:		Relationship:	Phone Number:	
Relative's Address:		City:	State:	Zip:

About your Job: Self Employed (please attach current financial statement and latest tax return) Retired (please list last employer)

Current Employer:	Type of Business:	Number of Years Employed:		
Business Street Address:		City:	State:	Zip:
Business Phone:	Annual Income (gross):	Other Income:	Total Income:	
***Type of Other Income (real estate, stock, retirement, etc). Income received from child support, alimony or maintenance is OPTIONAL information furnished only if you wish this income to be considered in evaluating your application:				
<input type="checkbox"/> Additional Employment		<input type="checkbox"/> Investment Income		<input type="checkbox"/> Other (please explain):

About the Co-Applicant:

First Name:	MI:	Last Name:	Social Security Number:	
Date of Birth:	Current Employer:		Occupation:	
Annual Income (gross):	Number of years Employed:		Phone Number:	

Financial Information: Credit References: List only banks, bank cards, department stores and finance companies. List all other debts on separate sheet of paper.

Bank Name:	Branch:	Location:	Checking Account Number:	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you Filed Bankruptcy in the last 10 years:				
Name of Credit Reference:	Balance Due:	Account Number:	Monthly Payment:	
Name of Credit Reference:	Balance Due:	Account Number:	Monthly Payment:	

Please Sign Authorization:

I/We certify that the information provided is true and complete and agree to be bound by all the terms and conditions of the VISA® Agreement, as applicable, and the Federal Truth in Lending Disclosure for the account which is included within this application. I hereby authorize Bank of Jackson Hole, or any credit bureau or other investigative agency employed by it, to investigate any information listed hereon or obtained from me or any other person pertaining to my financial responsibility. I understand that this offer is subject to verification of a satisfactory credit history.

If this is an application for joint credit, Applicant and Co-Applicant each agree that we intend to apply for joint credit (sign below):

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

For Internal Use Only:

Approved Amount: _____ Loan Officer Signature: _____ Date Approved: _____

Bank of Jackson Hole VISA® Cardholder Agreement

Terms and Conditions

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	14.76% Standard APR based on your creditworthiness
APR for Balance Transfers	14.76% Standard APR based on your creditworthiness
APR for Cash Advances	14.76% Standard APR based on your creditworthiness
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 purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	None
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 Fee	None
Transaction Fees <ul style="list-style-type: none">Foreign Fees	Up to 1% of each transaction converted to U.S. dollars
Penalty Fees <ul style="list-style-type: none">Late PaymentOver the Limit FeeReturned Payment	None Up to \$5 None

How We Will Calculate Your Balance: We use a method called “Average Daily Balance (excluding new purchases).”

Your Billing Rights: Keep this Document for Future Use

This notice tells you about your rights and our responsibilities under the Fair Credit Billing Act.

What To Do If You Find a Mistake on Your Statement

If you think there is an error on your statement, write to us at:

Bank of Jackson Hole, 990 W Broadway, PO Box 7000, Jackson, WY 83002-7000

You may also contact us on the web at www.bojh.com.

In your letter, give us the following information:

- *Account information:* Your name and account number.
- *Dollar amount:* The dollar amount of the suspected error.
- *Description of problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us:

- Within 60 days after the error appeared on your statement.
- At least 3 business days before an automated payment is scheduled, if you want to stop payment on the amount you think is wrong.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

What Will Happen After We Receive Your Letter

When we receive your letter, we must do two things:

1. Within 30 days of receiving your letter, we must tell you that we received your letter. We will also tell you if we have already corrected the error.
2. Within 90 days of receiving your letter, we must either correct the error or explain to you why we believe the bill is correct.

While we investigate whether or not there has been an error:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

After We Finish Our Investigation, One Of Two Things Will Happen:

- *If we made a mistake:* You will not have to pay the amount in question or any interest or other fees related to that amount.
- *If we do not believe there was a mistake:* You will have to pay the amount in question, along with applicable interest and fees.

We will send you a statement of the amount you owe and the date payment is due. We may then report you as delinquent if you do not pay the amount we think you owe.

If you receive our explanation but still believe your bill is wrong, you must write to us within *10 days* telling us that you still refuse to pay. If you do so, we cannot report you as delinquent without also reporting that you are questioning your bill. We must tell you the name of anyone to whom we reported you as delinquent, and we must let those organizations know when the matter has been settled between us.

If we do not follow all of the rules above, you do not have to pay the first \$50 of the amount you question even if your bill is correct.

Your Rights If You Are Dissatisfied With Your Credit Card Purchases

If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 miles of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase.

If all of the criteria above are met and you are still dissatisfied with the purchase, contact us *in writing* at:

Bank of Jackson Hole, ATTN: Credit Card Disputes, 990 W Broadway, PO Box 7000, Jackson, WY 83002-7000

While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay, we may report you as delinquent.

**This information about the cost of the credit card account described in this application is accurate as of October 2016. This information may have changed after that date. To find out what may have changed, call 1-888-734-5444.*