



## ANIMALSAFE MASTERCARD® APPLICATION

Mail this Application to: Card Services, PO Box 35430, Colorado Springs, CO 80935-3543

### Disclosure Information

Please retain a copy for your records

<b>Annual Percentage Rate (APR) for Purchases:</b>	5.9% for the first 6 billing cycles, after that a fixed rate of: <b>14.9%.</b>
<b>Other APRs:</b>	Balance Transfer APR: 5.9% for the first 6 billing cycles, after that the APR is 14.9% Cash Advance APR: 14.9% Penalty APR: 21%. See details below*
<b>Grace period for repayment of balances for purchases:</b>	25 days when your new balance is paid in full by the due date
<b>Method for computing the balance for purchases:</b>	Average Daily Balance (including new purchases)
<b>Annual fees:</b>	None
<b>Transaction fee for cash advances:</b>	2% of the amount advanced (\$3 minimum, \$10 maximum)
<b>Balance transfer fee:</b>	None
<b>Convenience check fee:</b>	None
<b>Late payment fee:</b>	\$18
<b>Over-the-credit-limit fee:</b>	\$18

\*If you fail to make the minimum payment during two consecutive billing cycles, the APR for your Account may increase to a fixed rate of 21% on all balances.

The Disclosure Information above is accurate as of 12/01/01. This information is subject to change. To find out what may have changed, please call us at 1-888-277-0444, or write to us at Card Services, P.O. Box 35430, Colorado Springs, CO 80935-3543.

Approval of your Application and use of your MasterCard will provide income for:  
**THE CANINE ADDISONS DISEASE FOUNDATION RK # 2244**  
 If you work for this organization, please indicate:  Volunteer  Employee  Board Member

**Please Select Your Card:**  Action For Animals™ MasterCard  Morris® MasterCard

- Individual Account: You alone will be obligated to repay the debt, and credit information will be reported in your name only. If you are relying on the income of another person to establish your own creditworthiness, you must provide information about that person in the co-applicant section of this application and have that person sign this application
- Joint Account: You and the co-applicant will both be obligated to repay the debt, and credit information will be reported in the name of each of you. You must provide information about the co-applicant on this application.

<b>Please tell us about yourself ( print clearly)</b>			<b>Your E-mail Address is:</b>		
Name (First, Initial, Last)		Social Security Number	Date of Birth mm/dd/yy		
Mailing Address		Apt #	Time in Residence yrs. mos.		<input type="checkbox"/> Own
City	State	Zip	Monthly Housing Payment \$	<input type="checkbox"/> Rent <input type="checkbox"/> Other	
Home Phone ( )	Street Address (If mailing address is a PO Box or General Delivery)		City	State	Zip
Previous Home Address		Apt#	City	State	Zip
Employer		Position		Annual Salary \$	
Work Phone ( )	Time There yrs. mos.		Other Annual Income▲	Source of Other Income	
Do You Have A Checking Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Checking Account Bank		Checking Account #
Do You Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Please tell us about co-applicant (if any)**

Name (First, Initial, Last)		Social Security Number	Date of Birth mm/dd/yy			
Relationship to Applicant (If any)	Address (If different than applicant)		Apt #	City	State	Zip
Employer	Position		Time There yrs. mos.	Annual Salary \$		
Work Phone ( )	Home Phone ( )		Other Annual Income▲	Source of Other 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 repaying this obligation.*

**Please read Disclosure Information at left for rate, fee and cost information before signing.**

I understand that this credit card is issued by 5Star Bank, Colorado Springs, Colorado, and that the information I provide is given to obtain credit from 5Star Bank. I attest that I am a U.S. citizen or have legal permanent resident status in the U.S. and am of legal age to contract. I also attest that the information I have provided in this Application is true and correct to the best of my knowledge and belief. I agree that 5Star Bank may investigate my credit, including requesting a current credit report and otherwise verifying my employment and income history, and credit and deposit account responsibility, and may report to others its credit experience with me. I also agree to be bound by the terms of this Application and Disclosure Information along with the Customer Agreement, which 5Star Bank will send me if my application is approved. I understand and agree that information about my account may be shared with AnimalSafe.

**Morris says,**  
**"Thank you for caring about my animal shelter friends."**

X \_\_\_\_\_ Date

Applicant's signature

X \_\_\_\_\_ Date

Co-Applicant's signature

**"Please Apply Today!"**

**California Residents:** After approval, each applicant shall have the right to use the credit card account up to the credit limit of the account. Each applicant may be liable for amounts extended under the plan to any joint applicant. The applicant, if married, may apply for a separate account. **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 this law. **New York and Vermont Residents:** By signing this application, you (applicant and co-applicant) authorize 5Star Bank to obtain your credit reports at any time for any legitimate purpose associated with the account or your application or request for an account, including but not limited to reviewing, modifying, updating, renewing, or extending credit, or collecting your account. Upon your request, you will be informed whether or not a consumer credit report was ordered, and if it was, you will be given the name and address of the consumer reporting agency that furnished the report. **New York Residents:** You may contact the New York State Banking Department at 1-800-522-3330 to obtain a comparative listing of credit card rates, fees and grace periods. **Wisconsin Residents:** Wisconsin law provides that no provision of an agreement, unilateral statement or court decree applying to marital property will adversely affect a creditor's interest unless the creditor, prior to the time credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

1006-1490-0302-1887