



Credit Card Application

Upload Successful

Product _____

State of Application _____

Plastic Type _____

Application Source _____

Rate Chosen _____

Name(s) on Additional Cards Desired:

*Please refer to the Credit Card Disclosure section of this application for rate, fee and other cost information, as applicable.

Empty box for Name(s) on Additional Cards Desired

Overdraft Yes No DDA # _____

Relationship Joint Individual

Auto Pay Yes - Attach Auto Pay Draft Authorization No

BB&T Rewards Yes No

Bankcard Credit Line Requested Up To : \$ _____

Date Application Received _____

APPLICANT section containing fields for NAME, DRIVERS LICENSE #, State, DATE OF BIRTH, MOTHER'S MAIDEN NAME, HOME ADDRESS, MAILING ADDRESS, PREVIOUS ADDRESS, EMPLOYER, POSITION HELD, HIRE DATE, BUS PHONE, etc.

CO-APPLICANT section containing fields for NAME (CO-APPLICANT), DRIVERS LICENSE #, State, DATE OF BIRTH, MOTHER'S MAIDEN NAME, HOME ADDRESS, EMPLOYER, POSITION HELD, START DATE, LEAVE DATE, BUS PHONE, etc.

INCOME section containing fields for 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 LOAN. APPLICANT'S GROSS MONTHLY SALARY, CO-APPLICANT'S GROSS MONTHLY SALARY, OTHER (APPLICANT), OTHER (CO-APPLICANT), TOTAL, SOURCE OF OTHER INCOME.

PROCESSES section containing fields for *MAXIMUM CREDIT LIMIT WITH RESPECT TO PROPOSED DTI, TOTAL MONTHLY PAYMENTS (A), TOTAL GROSS INCOME (B), PROPOSED DTI (C), MONTHLY CASH AVAILABLE FOR DEBT (B) X (C), CASH AVAILABLE TO SERVICE BCS (D) - (A), MAXIMUM CREDIT LIMIT (E) / .03.

Table with 5 columns: Bank Use Only, Servicing Officer, Officer #, Approving Officer, Officer #. Includes rows for Approved Bankcard Credit Line and # of cards.

Officer _____ has confirmed with each borrower listed on the application that every borrower intended to apply for the Credit Card account and confirmed the borrowers understand they are individually responsible for the loan balance regardless of who incurs the debt. This officer has also confirmed that they have discussed the product options with the client(s) and they agreed to proceed with the product/rate indicated at the top of the application.

-List all amounts in dollars. Omit cents.

(This section is recommended for credit line request of \$20,000 and greater)

| ASSETS | | AMOUNT | LIABILITIES AND NET WORTH | | AMOUNT |
|--|--|--------|--|--|--------|
| Dep. in Banks & Other Fin. Inst. | | | Accounts Payable | | |
| Cash Value of Life Insurance | | | Loans on Life Insurance | | |
| Notes and Accounts Receivable | | | Taxes Due - Income | | |
| Marketable Stocks & Bonds | | | Loans Due BB&T | | |
| Stock in Closely Held Corporations | | | Liabilities of Proprietorships | | |
| Assets of Proprietorships | | | Liab. of Partnerships/Joint Ventures | | |
| Assets of Partnerships & Joint Ventures | | | Loans on Vehicles, Mach., & Equip. | | |
| Vehicles, Machinery & Equipment | | | Loans on Real Estate | | |
| Real Estate | | | Other Loans Payable | | |
| Vested Interest in Pension/Retirement Accts. | | | Other Liabilities | | |
| Other Assets | | | | | |
| | | | Total Liabilities | | |
| | | | Net Worth | | |
| Total Assets | | | Total Liabilities & Net Worth | | |

NAME OF BANK _____ CITY _____ STATE _____ CHECKING SAVINGS BANKCARD CREDIT LINE OVERDRAFT ACCOUNT

HOUSING INFORMATION

RENT OWN/BUY EST VALUE \$ _____ NAME & ADDRESS OF MORTGAGE CO. OR LANDLORD ACCT. NO. _____ PRESENT BALANCE MONTHLY MORTGAGE PAYMENT OR RENT

LIVE WITH PARENTS OTHER \$ _____

AUTO-YEAR / MAKE / MODEL FINANCED BY AND ADDRESS BALANCE OWING MONTHLY PAYMENTS

AUTO-YEAR / MAKE / MODEL FINANCED BY AND ADDRESS BALANCE OWING MONTHLY PAYMENTS

CREDIT REFERENCES: LIST ALL DEBTS OWING BANKS, FINANCE COMPANIES, CREDIT CARDS, OTHER (ATTACH ADDITIONAL SHEET IF NECESSARY)

| NAME | CREDIT LIMIT | ACCT. NO. | PRESENT BALANCE | MONTHLY PAYMENTS |
|---|--------------|-----------|-----------------|------------------|
| | | | \$ _____ | \$ _____ |
| | | | \$ _____ | \$ _____ |
| | | | \$ _____ | \$ _____ |
| | | | \$ _____ | \$ _____ |
| TOTAL OF ALL OTHER MISCELLANEOUS BILLS/DEBTS NOT LISTED ABOVE, INCLUDE ANY ALIMONY OR CHILD SUPPORT MONTHLY PAYMENTS | | | \$ _____ | \$ _____ |

ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT? YES NO IF "YES," SEE DETAILS ON ATTACHMENT.

HAVE YOU EVER BEEN DECLARED BANKRUPT OR HAVE YOU HAD JUDGEMENTS, GARNISHMENTS OR OTHER LEGAL ACTIONS AGAINST YOU? YES NO IF "YES," SEE DETAILS ON ATTACHMENT.

Is Applicant a U.S. Citizen? Yes No Is Co-Applicant a U.S. Citizen? Yes No

If no, give alien registration number: _____ If no, give alien registration number: _____

Complimentary Convenience Check Order: To allow for check access to my new credit card account, please order me convenience checks at no charge.

Applicant Signature _____ Date _____

BALANCE TRANSFER CERTIFICATE

Complete the transfer request below by using the most recent billing statement from your department store or other credit card accounts. Balance transfers cannot be used to pay on any BB&T loan. In order to provide you with the opportunity to receive your new Account disclosure information, your Balance Transfer request will be held for at least 7 days after the account is opened. Keep in mind that the time it takes for a Balance Transfer check to be credited to the account(s) you have designated will vary. Please continue to pay the minimum amount due until the balance transfer amount appears on the billing statement from your other creditor(s). After the amount requested below is credited to the account(s) you have designated, it is your responsibility to pay any balance remaining on such designated account(s) and close it if you so desire. If you have a dispute with any creditor, and you pay that balance by transferring it to your BB&T credit card account, you may lose certain rights.

Payee Account Number _____

Payee Account Number _____

Payee Name _____

Payee Name _____

Payee Address _____

Payee Address _____

Transfer Amount \$ _____

Transfer Amount \$ _____

Payee Account Number _____

Payee Name _____

Payee Address _____

Transfer Amount \$ _____

Total Transfer Amount \$ _____

By signing this form you request and authorize BB&T to issue Convenience Checks on your behalf in the amounts designated above, which will be charged to your BB&T bankcard account. BB&T reserves the right to decline transfer amounts as set forth in this form if your account is not in good standing.

Signature X _____ (Required) Date _____

ATM Access
You will receive a personal identification number (PIN) for ATM Access to your account(s) within 2 weeks.

"Primary" BB&T Checking Account Number: _____ "Primary" BB&T Savings Account Number: _____

If the checking and/or savings account above is joint, any owner who has not signed this credit application for a bankcard must sign here, and by signing authorizes the Cardholder to access the accounts by the bankcard.

Signature _____ Date _____

Bank Secrecy Act Notice: Important Information Procedures for Opening A New 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 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.

Please Provide Your Signatures (If this account is designated as joint, both parties must sign this application.)
I(We) signify that the information contained in this application is correct to the best of my(our) knowledge, and authorize BB&T to make a credit investigation and establish credit limits.

Signature (Applicant) _____ Date _____ Signature (Co-Applicant) _____ Date _____
I intend to apply for joint credit

Credit Cards are issued by Branch Banking and Trust Company. Member FDIC.

Please forward application to BankCard Services via the royal blue mail bag (Mail Code 100-50-01-18) or fax to BankCard New Account Systems - 252-246-3560.