

OMNI BANK VISA PERSONAL CREDIT APPLICATION

Subject to normal credit criteria & policies of OMNI BANK

FAX to (504) 617-9087

CO-APPLICANT or SPOUSE (if applying for a joint account)

CREDIT DISCLOSURES

IMPORTANT:

READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

Check Appropriate Box:

If you are applying for individual credit in your own name, are not married, and are not relying on alimony, child support, or separate maintenance payments or on the income or assets of another person as the basis for repayment of the credit requested, do not complete the Co-Applicant or Spouse section.

In all other situations, complete all sections, providing information about your spouse, a joint applicant or user, or the person on whose alimony, child support, or separate maintenance payments or income or assets you are relying.

If you intend to apply for joint credit, please initial here.

Applicant: _____

Co-Applicant: _____

VISA Card choice:

- Regular Classic Classic Preferred Secured
 Platinum (N/A to Community Assets)

Credit Limit Requested: \$ _____

Yes, I want to take part in the Community Assets Program. I want my Community Assets Card to support: Save the Lake Foundation
 United Cerebral Palsy Jefferson Parish Community Programs

APPLICANT

Note: All sections should be filled out completely. If not, processing of your application may be delayed.

Name: _____

SS# _____ DOB _____

Mother's Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

How Long (yrs): _____ Own Rent Other

Monthly Payment: \$ _____ Home Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

How Long (yrs): _____ Driver's License No. _____

Employer: _____

Address: _____

Self Employed? Yes No

Work Phone: (____) _____ How Long (yrs): _____

Position or Title: _____

Monthly Gross Income: \$ _____

Source of Additional Income*: _____

Amount Per Month: \$ _____
 *You need not furnish Alimony, Child Support of Maintenance Income information if you do not want us to consider it in evaluating your application.

Name: _____

SS# _____ DOB _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

How Long (yrs): _____ Own Rent Other

Monthly Payment: \$ _____ Home Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

Employer: _____

Address: _____

Self Employed? Yes No

Work Phone: (____) _____ How Long (yrs): _____

Position or Title: _____

Monthly Gross Income: \$ _____

Source of Additional Income*: _____

Amount Per Month: \$ _____

*You need not furnish Alimony, Child Support of Maintenance Income information if you do not want us to consider it in evaluating your application.

BANK INFORMATION

Bank Name _____

Bank Address _____

Loans Open Closed

Checking Account No./Name Listed: _____

Savings Account No./Name Listed: _____

SIGNATURE(S)

Everything that I have stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. False statements may result in prosecution under 18 U.S.C. 1001.

I agree to be bound by the terms and conditions of the VISA CARD AGREEMENT, a copy of which will be mailed to the applicant if this application is granted. If this is a joint application, the undersigned shall each be jointly and severally liable for any and all credit extended from time to time.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

TRANSFER OF BALANCE REQUEST

Upon receipt, I wish to transfer my present balance on the credit account(s) listed below:

VISA Account No. _____

MasterCard Account No. _____

Signature _____

Please send a copy of your last STATEMENT.

	PERSONAL PLATINUM VISA	PERSONAL PREFERRED CLASSIC VISA	PERSONAL REGULAR CLASSIC VISA	PERSONAL SECURED VISA
ANNUAL PERCENTAGE RATE for Purchases & Balance Transfers	10.90%	11.52%	14.52%	18.50%
The term "Balance Transfer" applies only to payments made to other creditors directly by OMNI BANK, and does not include convenience checks that you may write to pay balances owed to another creditor.				
ANNUAL PERCENTAGE RATE for Cash Advances	19.50%	19.50%	19.50%	19.50%
Penalty APR for Purchases & Balance Transfers	19.50%	19.50%	19.50%	19.50%
Your rate if your account is over thirty (30) days past due twice in a twelve (12) month period.				
Grace Period for Repayment of Balances for Purchases	If you pay the entire new balance from your last cycle's statement on or before the payment date, then, during the billing cycle of full payment, no FINANCE CHARGES will accrue on the credit purchase balance from the previous cycle nor on any new credit purchases in the current cycle. This is a 25-day grace period for your credit purchases. This only applies if you pay off the entire new balance, including cash advances, credit purchases, and charges.			
Method of Computing Balance for Purchases	Average Daily Balance (including new purchases)			
ANNUAL FEE	None	None	\$15	\$15
	Charged to your account annually after the first year. Each time this fee is imposed, you will be notified of your right to cancel the card and avoid the fee. If you do not cancel the card in the time allowed, the fee will not be refunded if you cancel the card later in the year.			
APPLICATION FEE	None	None	None	\$25
MINIMUM PAYMENT	3.5% of total new balance shown on last statement, or \$10, whichever is greater. If total new balance is less than \$10, minimum payment is new balance.			
	If your new balance is more than your credit limit, the minimum payment will be 3.5% of your credit limit, plus the entire amount of your new balance over your credit limit. If you are past due, your minimum payment will be increased by the amount you are past due.			
LATE FEE	If we do not receive your minimum payment from one billing cycle within seven (7) days after the close of the next billing cycle, you agree to pay a late charge of \$24.			
OVER LIMIT FEE	\$24, payable if your account's ending principal balance for any day in a billing cycle is more than your credit limit. If your over limit status from one cycle carries over to the next, you will have to pay the fee for the new cycle as well.			
CASH ADVANCE FEE	2% of the cash advance or convenience check amount, with a minimum of \$5, and a maximum of \$20.			
RETURNED CHECK OR ELECTRONIC PAYMENT FEE	If any payment or charge is returned for non-sufficient funds, you agree to pay a fee of \$22.			
ADDITIONAL CARD FEE	\$5 for each card in excess of two.			
REPLACEMENT CARD FEE	\$5 for each card reported lost or stolen in excess of one.			
TEMPORARY INCREASE FEE	If we temporarily increase your credit limit at your request as a convenience or courtesy, you agree to pay a charge of \$10.			
TRANSACTION FEE FOR PURCHASES IN FOREIGN CURRENCY	Up to 1.0% of the transaction amount.			

This information is accurate as of 4/1/2006 and is subject to change. Call (504) 833-2900 for further information.