

**APPLICATION FOR PERSONAL CHARGE ACCOUNT AT:**

GMAP     GMAP WSS     WGP     Union

Please check one of the above to indicate desired location.

DATE RECD	OFFICE USE	UPDATE <input type="checkbox"/>
Account #		
BY	DATE	CL

**APPLICANT**

**(PLEASE TELL US ABOUT YOURSELF)**

Print full name: First, Middle, Last (indicate Jr., Sr. etc)

Social Security Number (required)

Home Address Number and Street

Home Phone  
( )

How long?  
Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

City or Town

State

Zip

Own home  Rent   
Live With parents  Other \_\_\_\_\_

Previous Address (if less than 3 years)

How long?  
Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

Name of nearest relative not living with

Relationship

Address

Phone #  
( )

Business Name

Name of employer

How long?  
Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

Business Street Address

City/Town

State

Zip

Business Phone  
( )

Previous Employer

Address

Position

How long?  
Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

**CO-APPLICANT**

**COMPLETE (IF JOINT ACCOUNT REQUESTED)**

Print Full Name: First, Middle, Last

Social Security Number

Street Address

City/Town

State

Zip

Phone #  
( )

Name of Employer

Position

How long?  
Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_

Business Street Address

City/Town

State

Zip

Business phone:  
( )

**BANK ACCOUNTS**

**(INCLUDE CO-APPLICANT'S, IF JOINT ACCOUNT REQUESTED)**

Bank-Branch

Account in name of

Checking  Savings  Loan

**CREDIT REFERENCES**

**(INCLUDE CO-APPLICANT'S, IF JOINT ACCOUNT REQUESTED)**

Firm or Store Name

Location

Account Number

Account in name of

Firm or Store Name

Location

Account Number

Account in name of

AUTHORIZED USER Name and relationship if any to applicant of any person you will allow to charge purchases to your account

Definitions:

**Retail Charge Account Agreement**

"I" means each and every Buyer who is requesting a Retail Charge Account. All buyers will be bound individually and together. "You" means the merchant from whom I am requesting the Account or any Holder to whom the Account has been assigned. "Account" means the Retail Charge Account with you.

**Account.** I request that you establish an Account for me which will permit me to charge purchases from you and to be billed monthly for purchases charged to my Account not to exceed the Maximum Credit which you approve.

**Finance Charge.** I agree to pay you a Finance Charge on the Balance in my Account (including current purchases from the date of purchase) except as set forth in (d) below.

(a) You will compute the Finance Charge by applying Monthly Periodic Rate to the Average Daily Balance in my Account for the billing cycle.

(b) You get the Average Daily Balance by adding purchases and subtracting payments, credits and unpaid Finance Charge each day from the previous day's ending balance. This gives the daily balance. You then add up the daily balances for the entire billing cycle and divide the total by the number of days in the billing cycle to get the Average Daily Balance.

(c) The Finance Charge is computed by multiplying the Monthly Periodic Rate of 1:(Corresponding ANNUAL PERCENTAGE RATE 21%)times the Average Daily Balance. If the FINANCE CHARGE computed in this way is less than \$.50 a minimum FINANCE CHARGE of \$.50 will be charged.

(d) There will be no FINANCE CHARGE for a monthly billing cycle if the Previous Balance shown on my statement is \$0 or a credit balance or if the total payments and credits received by you during the billing cycle equal or exceed such Previous Balance.

**Payment Due.** I agree to pay you each month before the next Billing Date a Minimum Payment equal to the greater of 1/3 of the New Balance in my Account (rounded up to the next \$1.00) or \$15.00 or the balance in my account if less than \$15.00. If I charge more than my approved Maximum Credit, I will pay the excess upon demand. I may pay the entire unpaid balance in my Account at any time during the billing cycle without incurring further finance charges.

**Default.** If any of the following happens, I will be in default and you may declare the entire balance due and payable: (a) fail to make any monthly payment when due;(b) If I should die; (c) if bankruptcy or insolvency proceedings are filed by or against me; (d) I fail top pay on demand any charges in excess of the Maximum Credit. If you file suit or take any other action to collect amounts due on this Account, I promise to pay costs and a reasonable attorney's commission as provided by law.

**Assignment.** I understand that this account will be assigned to Universal Charge Accounts, Inc., PO Box 27178, Pittsburgh, PA 15235, who shall have the exclusive right to collect all amounts charged on this account. All inquiries regarding billing should be directed to them.

**Credit Information.** You may contact the references in my application and obtain additional credit information

**Termination.** Either you or I may terminate the Account by notifying the other in writing.

APPLICANTS SIGNATURE

DATE

CO-APPLICANTS SIGNATURE

DATE