

PLACE
STAMP
HERE

FIRST SERVICE FEDERAL CREDIT UNION
100 MAIN STREET
GROVEPORT OH 43125

Apply for your CD101

The Alternative Station **101.1 FM** www.CD101.com

VISA Card!

Presented By



Premier Sponsor



Florentine

SUPPORTING SPONSOR



YOUR TOTAL TICKET SOURCE

YOUR APPLICATION FOR CREDIT INSURANCE

"You" or "Your" means the member and the joint insured (if applicable). Credit insurance is voluntary and not required in order to obtain this loan. You may select any insurer of your choice. You can get this insurance only if you check the "Yes" box below and sign your name and write in the date. The rate you are charged for the insurance is subject to change. You will receive written notice before any increase goes into effect. You have the right to stop this insurance by notifying your credit union in writing. Your signature below means you agree that:

- ▼ If you elect insurance, you authorize the credit union to add the charges for insurance to your loan each month.
- ▼ You are eligible for disability insurance only if you are working for wages or profit for 25 hours a week or more on the date of any advance. If you are not, that particular advance will not be insured until you return to work. If you are off work because of temporary layoff, strike or vacation, but soon to resume, you will be considered at work.
- ▼ You are eligible for insurance up to the Maximum Age for Insurance. Insurance will stop when you reach that age.

CREDIT INSURANCE SCHEDULE

MAXIMUM MONTHLY DISABILITY BENEFIT

\$600

MAXIMUM AMOUNT OF LOAN INSURABLE

LIFE \$50,000	DISABILITY \$50,000
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MAXIMUM AGE FOR INSURANCE

LIFE 70	DISABILITY 66
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If you are totally disabled for more than 30 days, then the Disability Benefit will begin with the 31st day of disability.

You agree to pay the charge shown.

COST DISCLOSURE:

Credit Life rate per \$100 of the Monthly Loan Balance is \$0.076 for single coverage or \$0.122 for Joint Coverage.

Credit Disability rate per \$100 of the Monthly Loan Balance is \$0.150.

COVERAGE SELECTED

SINGLE CREDIT LIFE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
JOINT CREDIT LIFE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CREDIT DISABILITY	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please Print or Type Name of Member		Account #
Date of Birth	Signature of Member	Date
Date of Birth	Signature of Joint Insured (only required if Joint CL is selected)	Date

APP. 825-0786

LOUNGE RULES

- Six to eight weeks after you receive each statement, you will receive your Lounge Points.
- One Lounge Point will be awarded for each dollar spent. You will be awarded triple the amount of Lounge Points when visiting our Triple Point Partners. For more information on our Triple Point Partners, check out cd101.com.
- CD101 is not responsible for any points lost due to email changes. When changing email addresses, you must do so both in the CD101 Lounge and by contacting 1st Service Federal Credit Union. Failure to do so will result in lost Lounge Points.
- Lounge Points are awarded for full dollar amount spent only.
- Lounge Points are awarded for purchased goods only. Points are not awarded for balance transfers, cash advances, convenience checks, unauthorized purchases, or fees of any kind.
- Charge-backs or return of item/service using the Lounge Visa card will result in those points being deducted out of the participating Lounge account.
- All points are calculated by CD101. The electronic point total in our files is final.
- Joint CD101 Lounge Visa Card can only be associated with one Lounge Account.
- The 5,000 Lounge Point sign-up bonus may only be received once by each member and only valid during the early sign-up period.
- CD101 reserves the right to modify the rules and contest specifications, including resetting all members Lounge points, at any time without notice and without liability. Any decision made by CD101 concerning rules and/or rules violations will be final without litigation.
- First Service Federal Credit Union should be contacted regarding questions concerning transaction on your CD101 Lounge Visa Card. You can contact them at (614) 836-0100.
- Points will be deducted from your Lounge account for the same dollar amount as the returned goods.
- You must be 18 or over to participate in the Lounge and to receive a CD101 Lounge Visa Card.
- Any person found to be cheating in any way will be terminated from the program with NO NOTICE.
- One account per person only.
- Lounge points have no monetary value. The Lounge program can end at any time without notice.
- CD101 Lounge Visa Card is for personal, non-business use only.

PRIZE PICK UP

Actual winner MUST pickup prize or it can be shipped to them for a \$10 shipping fee. We accept cash, check, money order, VISA, MasterCard and Discover. We must receive payment before shipping prize to the winner. Exception: A spouse can pickup their spouse's prize, but they must have a copy of their spouse's ID in order for CD101 to release the prize. To have someone else pick up your prize - The person picking up the prize needs to have a copy of the winners ID and a letter from the winner stating that they are authorizing the person's name to pickup their prize.

TICKET POLICY

Names CAN be changed with the following stipulations: The actual winner MUST FAX OR BRING IN a photo ID of themselves and the person we are changing the name to. Names CANNOT be changed due the following circumstances: We cannot change names on the day of the concert. We cannot change names on Friday if the concert falls on the weekend. The actual winner must be the one picking up the tickets. We cannot make changes over the phone. NO EXCEPTIONS.

Reynoldsburg
7610 E. Main St.
Reynoldsburg, OH 43068

Hilliard
3642 Fishinger Blvd.
Hilliard, OH 43026

Groveport
100 Main St.
Groveport, OH 43125

AnyHour Loan
800-495-0981

Fax
614-836-4578

Phone
614-836-0100

www.firstfcu.com



- FREE Account Access
- FREE BillPayer
- FREE e-Statements
- FREE e-Checks
- FREE Loan Application
- Members Financial Network
- CUNA Brokerage Investment Services
- VISA ezcardinfo.com
- The Auto Shop Discounts

Pay your bills, check your account balance, transfer money...all from your computer!

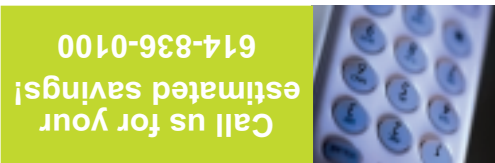
Online Banking

Experience the Convenience!

Buying a car just got easier! You can now receive low auto loan rates from First Service while you are at the dealer-ship. You have enough to worry about when shopping for a car...so relax and enjoy the convenience of being able to shop without having to be pre-approved. Visit our website for participating dealer-ships.

www.firstfcu.com

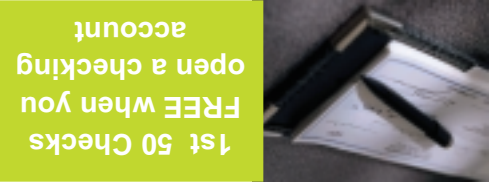
Financing at the Dealership



First Service can offer you a way to lower your monthly car payment. Drop your rate by as much as 3% APR for the remaining term on autos refinanced from another lender. A BuyBack can save you hundreds, even thousands of dollars!

Auto Loan Buyback

Let's face it, everyone makes mistakes!
First Service has Overdraft Protection Available!



- No minimum balance requirement
- No monthly service fee
- Unlimited transactions
- No item fees
- MasterMoney CheckCard
- FREE Monthly Statements
- First Connect Phone Access
- FREE Online Account Access
- FREE BillPayer
- FREE e-Statements
- FREE e-Checks

FREE Checking

Simplify your life with FREE checking!

When it comes to your money, you want convenience, stability, security, and low-interest loans, free services, and no hassles. First Service Federal Credit Union is happy to provide products and services that are important and convenient to our members.

What You Want...

First Service Federal Credit Union Membership Application

I/We request a membership share savings account with the following credit union: First Service FCU

I certify that I am eligible to become a member of the credit union checked above (initial): _____

I am eligible for membership because:

- I work in Franklin County
 I attend school in Franklin County
 Other (list eligibility): _____
 I live in Franklin County
 I worship in Franklin County

Request for Credit Union Membership: Type of Account: ___ Individual ___ Joint

Primary Member (please print):

Name:	Social Security #:	Mother's Maiden Name:
Address (including Apt #):	Township / County (I live in):	D.O.B:
City/ State/Zip:	Employer:	County (I work in):
Daytime Phone:	Evening Phone:	Driver's License State / #:

Joint Member (please print):

Name:	Social Security #:	Mother's Maiden Name:
Address (including Apt #):	Township / County (I live in):	D.O.B:
City/ State/Zip:	Employer:	County (I work in):
Daytime Phone:	Evening Phone:	Driver's License State / #:

Additional Services Requested*: ___ Checking Account ___x_ Share Account ___ Credit Card ___ Direct Deposit *W.A.C.

Please read carefully before signing:

I/We, the undersigned, apply to the above selected credit union for membership and a share savings account in the credit union. I/We understand that the \$50.00 share savings account must remain open for the term of the loan and that the account will be subject to the terms and conditions of the selected credit union. Account opening documents and proper disclosures will be mailed to me/us within 20 calendar days of my/our account being opened at the credit union.

Important information about procedures for opening a new account:

To help the government fight 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 for you: When you open an account, we will ask you 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.

By signing below I/We am/are agreeing to the following:

- I/We agree to conform to the terms and conditions and bylaws and any amendments thereof and that the credit union may change the terms and conditions from time to time. By signing below, you specifically authorize the above credit union to check your credit and employment history and make whatever inquiries necessary in the course of establishing the Account or reviewing its use.
- I/We understand that by signing this application I/We am/are stating all the information is true and correct. Copies of my pay stub may be required. I/We understand you may contact me for further information and that this application must be completed fully for the credit union to process my request. You may obtain information from others about me and may give credit information to others. I understand the disclosures also apply for future new accounts I may want.
- I/We understand that should we owe money to the credit union we are applying to, at any time, for any reason except real estate loans secured by my/our residence, the Credit Union has a lien on any and all funds in any account that I/we are owner of at the credit union, unless otherwise prohibited by law.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Form W-9 Request for Taxpayer ID Number Certification and Backup Withholding Information:

Enter your taxpayer identification number in the box.
For most individuals this is their Social Security #.

Under penalties of perjury, I certify that:

- ___ The number shown above is my correct Taxpayer Identification Number (TIN),
- ___ I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest/dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- ___ I am a United States person (including a U.S. resident alien).

Certification Instructions: Cross out #2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest/dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Please attach a copy of your driver's license.

I authorize First Service FCU to Cash Advance this credit card \$50 for deposit into my share savings account:

Signature Date

*With Approved Credit

CREDIT APPLICATION

CD101 LOUNGE VISA CLASSIC

Check Account Choice: Individual Account Joint Account Credit Limit Increase
(Signature required for joint applicant)

Credit Limit Requested \$ _____

IMPORTANT INFORMATION ABOUT 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 for 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.

APPLICANT

Note: All applicable sections should be filled out completely to avoid delay in processing your application.

Last Name	First	Middle	Social Security Number
Date of Birth	No. of Dependents	Home Phone ()	Monthly Payment \$
Current Address	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Previous Address (if less than 2 years at present address)	City	State	Zip Code
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()	Date Employed
Address	Position / Occupation		Monthly Gross Income \$
Name and Address of Previous Employer (if less than 2 years at present employer)			How Long (yrs)
Source of Additional Income: income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining creditworthiness.			Amount per Month \$
Nearest Relative (Not Living With You)		Home Phone	Relationship
Their Address	City	State	Zip Code

CO - APPLICANT

Information about a co-applicant is not required for an individual account.

Last Name	First	Middle	Social Security Number
Date of Birth	No. of Dependents	Home Phone ()	Monthly Payment \$
Current Address	City	State	Zip Code
Previous Address (if less than 2 years at present address)	City	State	Zip Code
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()	Date Employed
Address	Position / Occupation		Monthly Gross Income \$

CREDIT INFORMATION

Attach Additional Sheet If Necessary.

Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent			\$	\$
2. Bank Credit Card /Bank Name and Address			\$	\$

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	9.90% or 14.90%
Other APR's	Cash Advance APR: 9.90% or 14.90% Balance Transfer APR: 9.90% or 14.90%
Grace Period for repayment of balances for purchases	25 Days on average
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual Fees	None
Minimum Finance Charge	None
Transaction Fee for Cash Advances	\$1.50 Plus ATM
Balance Transfer Fee	None
Late Payment Fee	\$25.00
Return Payment Fee	\$25.00
Over-the-Credit-Limit Fee	None

The information about the costs of the card described in this application is accurate as of October 2004. This information may have changed after that date. To find out what may have changed, write us at 100 Main Street, Groveport, OH 43125

PLEASE READ THE DISCLOSURE ON THE REVERSE SIDE OF THIS APPLICATION BEFORE SIGNING.

YES Please enroll me in the CUNA Mutual Insurance plan providing coverage as described herein. I understand it is not required to obtain credit and will not be provided unless I sign and agree to pay the additional cost disclosed. By signing I certify that I have read the disclosure for CUNA Mutual Insurance coverage on the reverse side of this application. Check this box if you are employed full-time.

X Primary Cardholder Date Birth Date **X** Co-Cardholder Signature Date Birth Date

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify that all information herein is true and complete. I / We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy 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.

X Applicant Signature Date **X** Co-Applicant Signature Date

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.
 Credit Card Account Number _____ Amount to be transferred \$ _____
Signature _____

FOR INTERNAL USE ONLY

Account No.		
DATE APPROVED	CREDIT LINE	APPROVED BY