

Secured Credit Card Application



Customer Service: 1-800-777-7735

Now you can enjoy the world's most respected credit cards
with the hometown service you've come to know and trust.

We are proud to offer Visa® and/or MasterCard® as a part of our continuing program designed to meet your growing financial needs. With responsible use of your Secured Credit Card and all your financial obligations, you can build or rebuild your credit history

To apply for your credit card, fill out the following information, select the print button on bottom to print, sign and initial. Then return your application to a Plains Commerce Bank near you or mail to us at PO Box 7, Hoven, SD 57450.

Choose your card: (only one)

MasterCard® Visa®

Check Account Choice: (only one)

Individual Account Joint Account

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

_____ Last Name	_____ First Name	_____ Middle Name	_____ Social Security #	_____ Date of Birth		
_____ Street Address		_____ City	_____ State	_____ Zip	_____ Home Telephone	_____ How Long (yrs)
_____ Previous Address		_____ City	_____ State	_____ Zip	_____ Home Telephone	_____ How Long (yrs)
_____ Employer		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Income-(gross mnthly)	_____ Telephone		_____ How Long (yrs)
_____ Address		_____ City	_____ State	_____ Zip	_____ Mother's Maiden Name (for security purposes)	
_____ Source of additional income *			_____ Amount/Month	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		_____ Monthly Payment

* You need not furnish alimony, child support or maintenance income information if you do not want us to consider it in evaluating your application.

Joint Applicant

Provide the following information only if joint applicant.

_____ Last Name	_____ First Name	_____ Middle Name	_____ Social Security #	_____ Date of Birth		
_____ Previous Address		_____ City	_____ State	_____ Zip	_____ Home Telephone	_____ How Long (yrs)
_____ Street Address		_____ City	_____ State	_____ Zip	_____ Home Telephone	_____ How Long (yrs)
_____ Employer		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Income-(gross mnthly)	_____ Telephone		_____ How Long (yrs)
_____ Address		_____ City	_____ State	_____ Zip	_____ Mother's Maiden Name (for security purposes)	
_____ Source of additional income *			_____ Amount/Month	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		_____ Monthly Payment


* You need not furnish alimony, child support or maintenance income information if you do not want us to consider it in evaluating your application.

Credit Information

Attach additional sheet if necessary.

Loans Open Closed

Bank Name	Street Address	City	State	Zip	Branch
Checking Account Number	Name(s) Listed		Savings Account Number	Name(s) Listed	
	Bank Name & Address	Name on account	Account Number	Balance	Monthly Payment
Automobile					
Home Mortgage					
Bank Credit Card					
Other					
Other					

Member FDIC | Equal Housing Lender 

Interest Rates and Interest Charges

Keep a copy for your records.

Annual Percentage Rate (APR) for Purchases	18.90%
APR for Cash Advances	20.90%
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any interest on purchases if you pay your entire balance by the due date each month. We will begin charging interest on Cash Advances on the later of the transaction date or the first day of the billing cycle in which the cash advance posts to your account.
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at: http://www.consumerfinance.gov/learnmore .

Fees

Annual Fee	\$39.00 (paid annually)
Transaction Fees	\$5.00 or 5.00% of the amount of each cash advance, whichever is greater. Up to 1.00% of each transaction in U.S. dollars.
Penalty Fees	Up to \$35.00 Up to \$35.00
Other Fees	\$5.00 or 5.00% of the amount of each transaction, whichever is greater.

How We Calculate Your Balance: We use a method called "average daily balance (including new purchases)."

Minimum age requirement: You must be at least 18 years of age to apply.

At the date this application was printed (shown in lower right-hand corner) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to Plains Commerce Bank, PO Box 7, Hoven, SD 57450.

Important Information

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 allows us to identify you. We may also ask to see your driver's license or other identifying documents.

Interest Charges

No periodic Interest Charge will be assessed against purchases if you have paid (we receive) the full New Balance shown on your statement by the Payment Due Date (25 days on average from billing). If we do not receive the entire New Balance by the Payment Due Date, periodic Interest Charges will accrue on all purchases, return check fees, replacement account fees, and documents copy fees from the day they were posted to your Account. Interest Charges will accrue on Cash Advances from the transaction date of the Cash Advance or the first day of the billing cycle in which the Cash Advance posts to your account until paid in full.

When a Cash Advance is posted to your account there is a one-time Interest Charge for each Cash Advance posted of \$5.00 or 3.00% of the Cash Advance amount, whichever is greater.

Periodic FINANCE CHARGE in the form of interest is determined by multiplying the "Average Daily Balance" for Purchases and for Cash Advances outstanding during the monthly billing cycle by the monthly "Periodic Rate." The monthly "Periodic Rate" for Purchases is 1.575%, which is equivalent to an **ANNUAL PERCENTAGE RATE** of 18.90%. The monthly "Periodic Rate" for Cash Advances is 1.7417%, which is equivalent to an **ANNUAL PERCENTAGE RATE** of 20.90%. Interest will be charged if you did not pay the previous balance in full by the payment due date. We will charge interest on the Average Daily Balance.

Calculating Average Daily Balance (including current transactions): For Purchases: We figure the FINANCE CHARGE on your Account by applying the periodic rate to the "Average Daily Balance" of your Account including current Purchases. To get the Average Daily Balance we take the beginning Purchases balance of your Account each day, subtract any unpaid FINANCE CHARGE(S) and late fee(s), add any new Purchases, and subtract any payments (less unpaid finance charge(s) and late fee(s)) and credits. This gives us the Purchases Daily Balance. Then, we add up all the daily purchases balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the Purchases Average Daily Balance. **For Cash Advances:** We figure the FINANCE CHARGE on your Account by applying the periodic rate to the "Average Daily Balance" of your Account including current Cash Advance transactions. To get the Average Daily Balance we take the beginning Cash Advance balance of your Account each day, subtract any unpaid FINANCE CHARGE(S) and late fee(s), add any new Cash Advances, and subtract any payments (less unpaid finance charge(s) and late fee(s)) and credits. This gives us the Cash Advance Daily Balance. Then, we add up all the daily cash advance balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the Cash Advance Average Daily Balance.

Military Lending Notice

Federal law provides important protections to members of the Armed Forces and their dependents related to extension of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account; the costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account). To receive this information and a description of your payment obligation verbally, please call us toll free 1-844-487-2579.

Security Agreement and Collateral Deposit Account Disclosures

You agree to establish and maintain a Collateral Deposit Account at the Bank as a condition of receiving a Card, and that no withdrawals from the Collateral Deposit Account, may be initiated until such time as all Account balances, including applicable fees and charges, have been paid in full and the associated line(s) of credit closed and all cards returned to the Bank. Furthermore, you agree that (i) the total outstanding balance of your Account(s), including any fees and/or charges, will not exceed the amount deposited in your Collateral Deposit Account at any time, and (ii) that you will not be delinquent in payment for amounts due. You also agree that we may apply any and all balances in your Collateral Deposit Account as payment to or recovery of any credit card balance that you may owe to us in the event that the Bank or you terminates this Agreement for any reason.

The Bank may without prior notice, declare the total balance due immediately on your Account and apply all or part of your Collateral Deposit Account to the payment of that balance if: (a) you fail to make any payment due; (b) exceed your credit limit; (c) default under the terms of your Agreement; (d) your Account is closed by you or by us; (e) the Cardholder dies; (f) any government authority takes action the Bank believes will adversely affect your ability to pay; or (g) you file a petition for bankruptcy.

Refunds: Your Collateral Deposit Account will be closed once you satisfy in full all your Account obligations under this Agreement. Upon the closure of your Collateral Deposit Account, Deposit funds greater the \$1.00 will be refunded within 30 days.

Rate Information: The interest rate on your account is 0% with an **ANNUAL PERCENTAGE YIELD OF 0%**.

Compounding and Crediting: No interest is paid therefore there is no interest compounding and no interest crediting.

Minimum Balance Requirements: The minimum balance is \$300 which is the minimum credit limit allowed on the credit card.

Balance Computation Method: No interest is paid therefore the balance computation method used to determine what interest would be paid is not applicable.

If, upon closure of your credit card account, we attempt to return your Collateral Account balance to the last known address on record, and the funds are returned to us as undeliverable, or the check is not cashed, a monthly service charge of 5% of the refund amount will be charged.

Signature(s)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This application is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We authorize Plains Commerce Bank to check my/our credit report from time to time. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the credit card agreement. Receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's or joint applicant's use of the card. I/We agree not to use this card for any unlawful purpose, including the purchase of goods or services, prohibited by local law applicable in my/our jurisdiction. If this is a joint application, we shall be jointly and severally liable for any and all credit extended from time to time.

X

Applicant Signature Date

X

Joint Applicant Signature Date

If applying for a joint account, complete all sections providing information about the joint applicant and initial below.

We intend to apply for joint credit. X

Applicant Initials

X

Joint Applicant Initials

For internal use only

_____ Date Approved	_____ Credit Line	_____ Approved By
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