



MasterCard® / Visa® Consumer Credit Card Application

Check card choice: MasterCard® Visa®
 Check account choice (only one): Individual Account Joint Account Credit Limit Increase

APPLICANT	REQUESTED LIMIT: \$
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FULL NAME:		DATE OF BIRTH:		SOCIAL SECURITY #:	
ADDRESS:			CITY:		STATE:
HOME PHONE:		CELL PHONE:		EMAIL ADDRESS:	
LENGTH AT CURRENT ADDRESS: (YRS.) (MOS.)		CHECK ONE: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE W/ RELATIVE		MONTHLY PAYMENT: \$	
				PAYABLE TO WHOM: <input type="checkbox"/> SOLE OWNER(S) <input type="checkbox"/> OWNED JOINTLY W/ NON-APPLICANT	
PREVIOUS ADDRESS:		CITY:		STATE:	
				ZIP: (YRS.) (MOS.)	
CURRENT EMPLOYER:		ADDRESS:		(YRS.) (MOS.)	
POSITION:		GROSS MONTHLY SALARY: \$		BUS. PHONE NO. & EXT.	
				OTHER INCOME: Do not show alimony, child support or separate maintenance income if you prefer that we not consider it. SOURCE: \$	
PREVIOUS EMPLOYER:		ADDRESS:		(YRS.) (MOS.)	

JOINT APPLICANT OR GUARANTOR

FULL NAME:		DATE OF BIRTH:		SOCIAL SECURITY #:	
ADDRESS:			CITY:		PHONE NO.:
CURRENT EMPLOYER:		ADDRESS:		(YRS.) (MOS.)	
POSITION:		GROSS MONTHLY SALARY: \$		BUS. PHONE NO. & EXT.	
				OTHER INCOME: Do not show alimony, child support or separate maintenance income if you prefer that we not consider it. SOURCE: \$	

CREDIT INFORMATION (attach separate sheet for additional not listed below)
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BANK NAME & ADDRESS:		BRANCH:		LOANS: <input type="checkbox"/> OPENED <input type="checkbox"/> CLOSED	
CHECKING ACCT. NO./NAME LISTED:			SAVINGS ACCT. NO./NAME LISTED:		
NAMES OF CREDITORS		CITY/STATE		ACCOUNT NO.	
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:			PHONE NUMBER:		RELATIONSHIP:

Fees

Annual Fee	None
Transaction Fees	
• Balance Transfer	There is no fee.
• Cash Advance	There is no fee.
• Foreign Transaction	There is no fee.
Penalty Fees	
• Late Payment	Up to \$15.
• Over-the-Credit Limit	There is no fee.
• Returned Payment	There is no fee.
Other Fees	
• Lost or Stolen Card Replacement	\$5.00

Interest Rates and Interest Charges

Annual Percentage Rate (APR) for Purchases	14.65% when you open your account, based on your creditworthiness. After that, your APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	14.65% This APR will vary with the market based on the Prime Rate.
APR for Cash Advances	14.65% This APR will vary with the market based on the Prime Rate.
Penalty APR and When it Applies	No penalty rate.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on purchases if you pay your entire balance by the due date each month.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.01.
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.

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

TRANSFER OF BALANCE REQUEST

I wish to transfer my current balance on the credit card account(s) listed below to my new credit account.

Account Number: _____ MasterCard Visa Discover American Express

Signature _____ Other (please specify type): _____.

Please send a copy of your last statement.

Instructions For Standard Application

- Please check the appropriate box which specifies the type of account or loan you are applying for on Page 1.
- Your application will be based on your credit and account history with Hawthorn Bank. You must be an existing Hawthorn Bank customer with accounts in good standing to be eligible for a Hawthorn Bank credit card. If you are married, you need not fill in information concerning your spouse unless you want a joint account, or want your spouse's credit to be considered in your application. Applying for an individual account tells us that your spouse will not be permitted to use the account and, information about the account will be kept in your name only.

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.

SIGNATURES

I/We authorize Hawthorn Bank to obtain such information as may be required concerning the statements made in this application and agree that the application shall remain the property of Hawthorn Bank, whether the application is granted or not. This statement shall be construed by Hawthorn Bank to be a continuing statement of the condition of the undersigned until written notice to the contrary is received by Hawthorn Bank. Hawthorn Bank is authorized to check my/our credit and employment history and to answer questions about our credit experience with me/us.

I/We certify that the above information is accurate and complete.

Applicant's Signature

Joint Applicant's or Guarantor's Signature

Date

Once complete, please print, sign, date and bring this application to your local bank location or mail to Hawthorn Bank, Attention: Credit Cards, PO Box 688, Jefferson City, MO 65102. Thank you.

FOR BANK USE ONLY

MASTERCARD ACCT. NO.			VISA ACCT. NO.		
DATE APPROVED	CREDIT LINE	APPROVED BY	DATE APPROVED	CREDIT LINE	APPROVED BY
NO. OF CARDS	PRO. CODE		NO. OF CARDS	PRO. CODE	