



City National Bank

Credit Application Credit Limit Requested _____

Check Card Choice: (Only One)

- Visa
- MasterCard
- Visa Gold
- Gold MasterCard

Check Account Choice: (Only One)

- Individual Account
- Joint Account
- Credit Limit Increase

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

Last Name		First	Middle	Social Security Number		
Date of Birth	No. of Dependents	Home Telephone		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other
Mailing Address		City	State	Zip Code	How Long (yrs)	
1. Previous Address		City	State	Zip Code	How Long (yrs)	
2. Previous Address		City	State	Zip Code	How Long (yrs)	
Employment	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number		How Long (yrs)	
Address		Position/Occupation			Mo. Gross Income	
Name & Address of Previous Employer					How Long (yrs)	
Source of Additional Income*					Amount per Month \$	
Nearest Relative (Not living with you)		Telephone Number		Relationship		
Their Address		City	State	Zip Code		

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

Co-Applicant or Spouse (if applying for a joint account)

Last Name		First	Middle	Social Security Number		
Date of Birth	No. of Dependents	Home Telephone		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other
Mailing Address		City	State	Zip Code	How Long (yrs)	
Previous Address		City	State	Zip Code	How Long (yrs)	
Employment	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number		How Long (yrs)	
Address		Position/Occupation			Mo. Gross Income	
Name & Address of Previous Employer					How Long (yrs)	
Source of Additional Income*					Amount per Month \$	

*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

Bank Name & Address		Branch	Loans	<input type="checkbox"/> Open	<input type="checkbox"/> Closed
Checking Account Number/Name Listed		Savings Account Number/Name Listed			
Name & Address of Creditor	Name under which account is carried	Account Number	Balance	Mo. Payment	
1. Automobile					
2. Home Mortgage					
3. Bank Credit Card/Bank Name & Address					
4. Other (if applicable)					

Credit Disclosures

Annual percentage rate for purchases, balance transfers and cash advances	Annual membership fee	Grace period	Method of computing the balance for purchases	Payments made 10 days after the due date	Variable rate information	Transaction fee for cash advances	Returned check fee	Penalty rate of interest after first year
13.92%	None	25 days*	Average daily balance including new purchases*	A late fee of 5% of the payment due or a maximum of \$15 will be charged	See below**	2% of the amount accessed	\$25 charge against that account	18%

At the date this application was printed (shown in the lower right-hand corner -- this side) 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 the business reply address shown on the reverse side.

*A Finance Charge will be imposed on Credit Purchases only if you elect not to pay the entire New Balance shown on your monthly statement for the previous billing cycle within 25 days from the closing date of that statement. If you elect not to pay the entire New Balance shown on your previous monthly statement within that 25-day period, a Finance Charge will be imposed on the unpaid average daily balance of such Credit Purchases from the previous statement closing date (but not on Credit Purchases posted during the current billing period), and will continue to accrue until the closing date of the billing cycle preceding the date on which the entire New Balance is paid in full or until the date of payment if more than 25 days from the closing date.

The Finance Charge for a billing cycle is computed by applying the monthly Period Rate to the average daily balance of Credit Purchases, which is determined by dividing the sum of the daily balances during the billing cycle by the number of days in the cycle. Each daily balance of Credit Purchases is determined by adding to the outstanding unpaid balance of Credit Purchases at the beginning of the billing cycle any new Credit Purchases posted to your account, and subtracting any payments as received and credits as posted to your account, but excluding any unpaid Finance Charges.

**VARIABLE RATE INFORMATION: The annual percentage rate which is charged on your account may be changed by issuer from time to time in accordance with applicable law; provided, however, that the annual percentage rate will not exceed 18%. Issuer may not change rate within first year of opening.

Penalty Rate: After one year, accounts that become delinquent more than 30 days, two times within a six month period, will be subject to a rate increase of 18%.

ILLEGAL USE OF VISA/MASTERCARD DEBIT AND CREDIT CARD. You agree not to use your VISA/MASTERCARD DEBIT OR CREDIT CARD for any illegal transactions, including Internet gambling and similar activities.

This Agreement has been entered into and is enforceable in Taylor, Williamson County, Texas, Williamson County, Texas shall be the proper place of venue to enforce payment or performance of this Agreement. Card holder agrees that any legal proceedings in respect of this Agreement, the Card, or the Account shall be brought in the courts of Williamson County, Texas or the United States District Court for the Western District of Texas, Austin Division

Signature

YES Please enroll me in the optional CAP program as described elsewhere on this application. CAP costs vary by state but won't exceed 62 cents per \$100 of my monthly balance. The cost will be charged to my account each month. I may cancel at any time.

Sign _____ 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 bank card 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 applicants 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.

X _____ **X** _____
Applicant Signature Date Applicant Signature Date

Transfer of Balance Request

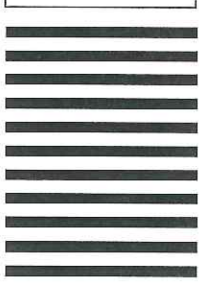
Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.

Visa Account No. _____ MasterCard Account No. _____

Signature _____ Please send a copy of your last STATEMENT.

For Internal Use Only

Visa Account No.			MasterCard Account No.		
Date Approved	Credit Line	Approved By:	Date Approved	Credit Line	Approved By:



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO.103 TAYLOR, TEXAS

POSTAGE WILL BE PAID BY ADDRESSEE

City National Bank
P.O. Box 1099
Taylor, Texas 76574-9980



MasterCard[®] and Visa[®] Application

*Your Hometown
Credit Card.
From your
Hometown Bank.*



Member FDIC
Equal Housing Lender

Your hometown credit card. From your hometown bank.

A constant traveling companion.

Make your new MasterCard or Visa card your constant traveling companion and you'll always have instant credit at your fingertips. Your new card is already packed with everything you need, to take you anywhere you want to go. From the tiniest boutique to the largest resort, your MasterCard or Visa is your ticket to the best.

Accepted around the globe.

You'll enjoy more shopping, more fine restaurants, more travel opportunities with your MasterCard or Visa, whether you're going across town or around the world.

Accepted around the globe wherever you see the MasterCard or Visa emblem. You'll benefit from its convenience and security whenever you use your card to travel, shop or dine. In business or pleasure, you'll find it makes your life a little bit easier.

So give yourself credit today and apply for a new MasterCard or Visa. It's guaranteed to help you appreciate the finer things in life.

Credit insurance.

Credit Account Protector "CAP" will pay your minimum monthly credit card payments, up to \$500 a month and a maximum of \$10,000 (after 30 days - retroactive to the FIRST day) if you lose your job and it's not your fault, go on strike, or become totally disabled (for unemployment coverage you must be working 30 hours a week and retirement is not covered) and by paying your balance in full (up to \$10,000) in the event of your death or dismemberment. Total disability means that due to sickness or accidental injury you are unable to perform the duties of your occupation. You must be attended by a licensed physician, other than yourself. Benefits are determined as of date of loss. You must pay for any charges incurred after that date. Monthly unemployment and disability benefits will be pro-rated on a daily basis. CAP is just 62 cents per \$100 of your monthly balance (or .0062 times your monthly balance). CAP is optional and covers the primary cardholder only. It stops when you reach age 71. Life, disability and dismemberment coverage is underwritten by USLIFE Credit Life Insurance Company Schaumburg, IL (Policy Form 275 Series) and the

unemployment coverage is underwritten by USLIFE Indemnity Company, Schaumburg, IL (Policy Form US12750 Series). Read your certificate of insurance for complete details.

Texas residents have the option of CAP without unemployment coverage. To enroll for CAP Life, Dismemberment and Disability only, complete the form below.

This product is not insured by the Federal Deposit Insurance Corporation, the United States Government, or City National Bank. It is not a condition of our consideration or approval of your credit application that you purchase this or any other insurance product.

The approval of an extension of credit may not be conditioned on a) the purchase of an insurance product from City National Bank or any affiliate of the institution; or b) an agreement by the customer not to obtain, or a prohibition on the consumer from obtaining, an insurance product from an unaffiliated entity.

Charge my credit card account for the required monthly premium of 23 cents per \$100 of the monthly card balance each statement period. This amount is composed of: Life 6 cents; and Disability 17 cents.

Signature _____

Date _____ Birthdate _____

Automatic travel accident insurance.

You, your spouse and dependent children up to age 19 (age 23, if a full time student at an accredited school or college) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi or any other common carrier anywhere in the world when you use your card to purchase your tickets. This coverage is available to you at *no extra cost*.