



APR FOR 6 MONTHS
on all new purchases
and cash advances APR FOR 6 MONTHS¹ and cash advances.

APR FOR 12 MONTHS² on balances transferred from other cards

TRANSFER ACCOUNT BALANCES AND START SAVING NOW

Visit TDECU.org and click on Credit Card Balance Transfer.

PAY AS LITTLE AS 7.99% APR3 AND ENJOY THESE FEATURES

- · No annual, balance transfer, over limit, currency conversion, or cash advance fees, and no default rate
- · Extended warranty

- Cell phone protection
- \$500,000 travel accident insurance
- · Year-end summary of charges
- Free online account access & bill pay option
- Baggage delay insurance & much more!





	INTEREST RATES AND INTEREST CHARGES		
Annual Percentage Rate (APR) for Purchases	0% Introductory APR for six months ¹ .		
	After that, the Standard Rate APR will range from 7.99 % to 17.99 %, based on your creditworthiness.		
APR for Balance Transfers	0% Introductory APR for twelve months ² . After that, the Standard Rate APR will range from 7.99 % to 17.99 %, based on your creditworthiness.		
APR for Cash Advances	0% Introductory APR for six months ¹ . After that, the Standard Rate APR will range from 7.99 % to 17.99 %, based on your creditworthiness.		
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.		
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 Consumer Financial Protection Bureau at www.consumerfinance.gov/learnmore		
FEE CHARGES			
Annual Fee	None		
Penalty Fees Late Payment Returned Payment	Up to \$25 Up to \$25		

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

The information about the costs of the cards is accurate as of 10/26/2015. This information may have changed after that date. To find out what may have changed, call us at 800.839.1154 or write to us at TDECU, 1001 FM 2004, Lake Jackson, TX 77566-4012. The Credit Union may modify the terms of the credit agreement, including the periodic rate, at any time subject to such notice as may be required by applicable law.

APR = Annual Percentage Rate. Cardholder benefits are subject to change without notice. Federally insured by NCUA. 1115-I-C-8289.01

¹ Introductory rate good until the first day of the billing cycle that includes the six-month anniversary date of the opening of your account.

² Offer applies only to balance transfer requests received by us within 30 business days of account opening.

³ Your exact rate is based on your creditworthiness.

TDECU CREDIT CARD BUSINESS APPLICATION

that everything I have stated in the certificate is to references. I understand that the use of any card conditions of the Card Agreement. I understand the *If you have not attained the age of 21 and are applying	e, and that I have read and agree to all the terms, at the and correct. I authorize TDECU to check my cresissued in conjunction with this offer will constitute that the terms of my Account are subject to change a for individual credit, we will consider your independent and Joint Applicant Must Initial Here to India.	dit record and to verify my acceptance of and as provided in the Card bility to pay with the info icate that You Inte	my credit, employment, and income will be subject to the terms and Agreement. I Agrey provide.	
	PLEASE TELL US ABOUT YOUR BUSINES	S:		
Business Name	☐ Sole Proprietor ☐ Partnership	Corporation	☐ LLC ☐ Other	
Business Member Number	EIN of Business (Required)			
Mailing Address	City	State	Zip	
Street Address	City	State	Zip	
Office Phone	Cell Phone	Home Phone		
Authorized Officer	Position	Mother's Maiden Name		
Mailing Address	City	State	Zip	
Security Question: What is the name of the last school you attended?				
	FINANCIAL INFORMATION:			
Monthly Net Business Income	Additional Monthly Income	Source		
I (we) are giving the credit union a security interest in all shares at the credit union (applicant's initials) Applicant Signature: Date: Date: I agree to the terms and conditions of this offer. This form must be signed and initialed above. You will find important disclosures containing rate, fee, and other cost information concerning the card on the cover page of this offer.				
☐ I agree to the terms and conditions of this		d above. You will fi		
☐ I agree to the terms and conditions of this		d above. You will fi		
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☐ I agree to the terms and conditions of this containing rate, fee, and other cost information	GUARANTOR INFORMATION: M.I. Last Name	d above. You will fi		
☐ I agree to the terms and conditions of this containing rate, fee, and other cost information First Name Personal Member Number	GUARANTOR INFORMATION: M.I. Last Name E-Mail Address	d above. You will fi f this offer.	ind important disclosures	
I agree to the terms and conditions of this containing rate, fee, and other cost information First Name Personal Member Number Mailing Address	GUARANTOR INFORMATION: M.I. Last Name E-Mail Address City	d above. You will fi f this offer.	ind important disclosures	
I agree to the terms and conditions of this containing rate, fee, and other cost information First Name Personal Member Number Mailing Address Home Phone ()	GUARANTOR INFORMATION: M.I. Last Name E-Mail Address City Work Phone ()	d above. You will fi f this offer.	ind important disclosures	
I agree to the terms and conditions of this containing rate, fee, and other cost information First Name Personal Member Number Mailing Address Home Phone () SSN	GUARANTOR INFORMATION: M.I. Last Name E-Mail Address City Work Phone () Driver's License Number	d above. You will fi f this offer.	Zip	
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First Name Personal Member Number Mailing Address Home Phone () SSN Employer's Name Occupation	GUARANTOR INFORMATION: M.I. Last Name E-Mail Address City Work Phone () Driver's License Number Address Start Date	d above. You will fi f this offer. State Date of Birth	Zip	
First Name Personal Member Number Mailing Address Home Phone () SSN Employer's Name Occupation	GUARANTOR INFORMATION: M.I. Last Name E-Mail Address City Work Phone () Driver's License Number Address Start Date Additional Monthly Income	d above. You will fit this offer. State Date of Birth Gross Monthly Inco	Zip	
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I agree to the terms and conditions of this containing rate, fee, and other cost information First Name Personal Member Number Mailing Address Home Phone () SSN Employer's Name Occupation Sources of Additional Income	GUARANTOR INFORMATION: M.I. Last Name E-Mail Address City Work Phone () Driver's License Number Address Start Date Additional Monthly Income AUTHORIZED USERS: Last Name	d above. You will fit this offer. State Date of Birth Gross Monthly Inco	Zip me	

Fiscal Year-end for Business: Please tell us the date that you use for your fiscal year-end for tax reporting purposes (example: 12/31, 6/30, etc.)