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Apply for yours today!

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Use the JSB Visa[®], Visa[®] Gold & Visa[®] Business Credit Card for purchasing goods or services and enjoy the following benefits!

TRAVEL ACCIDENT INSURANCE

You, your spouse and dependent children up to age 19 (age 25 if a full-time student at any institute of higher learning) 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 charge your entire fare to our card. This coverage is provided to you at NO EXTRA COST.

WITH Visa[®] and Visa[®] Gold SCORECARD[®] BONUS POINTS

Earn Bonus Points for every net retail purchase you make with our Jefferson Security Bank Credit Card! You can redeem Bonus Points for cash in the form of statement credit or check, brand-name merchandise and exciting travel awards. Visit www.scorecardrewards.com and browse the current award selections. You'll be amazed at what ScoreCard has to offer! To find out how the plan works, ask one of our friendly representatives.

WITH Visa® Gold ADVANTAGE - TRAVEL

- Travel Reservation Service
- Bonus Travel Dividends
- Concierge Services
- Automobile Rental Insurance
- Auto Rental Discount
- Medical Assistance Services
- Travel Protection
- Lost Luggage Locator Service
- Lost or Damaged Luggage Insurance
- Hotel-Motel Burglary Insurance
- Payment Card Registration
- Quarterly Newsletter
- Key Registration



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JSB Visa[®] Rewards and Business Credit Cards **Apply Today**



Banking. Only Better.

Interest Rates and Interest Charges	Visa [®] or Visa [®] Business	Visa [®] Gold				
Annual Percentage Rate (APR) for Purchases	15.00 % _{Fixed}	11.00% Fixed				
APR for Balance Transfers	15.00 % Fixed	11.00% Fixed				
APR for Cash Advances	15.00 % Fixed	11.00% Fixed				
Penalty APR and When it Applies	None					
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge your interest on retail purchases if you pay your entire balance by the due date. We will begin charing interest on cash advances and/or balance transfers on the transaction date.					
Minimum Interest Charge	None					
For Credit Card Tips form the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .					
Fees	Visa [®] or Visa [®] Business	Visa [®] Gold				
Annual Fee	NONE	NONE				
Transaction Fees Balance Transfer Cash Advances Foreign Transaction 	N/A Up to \$10.00 N/A					
Penalty Fees • Late Payment • Over-the-Credit-Limit • Returned Payment	Up to \$20.00 N/A Up to \$30.00					
Other Fees	None					

CREDIT APPLICATION

(Signature required for joint applicant)

Credit Limit Requested \$ ____

Check Card Choice Visa® Visa® Gold Visa® Business

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial insti-tutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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 applicate sections should be filled out completely to avoid delay in processing your application.		Last Name		First Name		Middle		Social Security Number		
		Date of Birth	No. of Dependents	Home Phone Cell Phone		1	Own Rent Other	Monthly Payment \$		
	cation.	Current Address		City		State	Zip Code	Now Long (yrs)		
	ur applic	Mailing Address (if different from above)		City		State	Zip Code	Now Long (yrs)		
	ssing yo	Previous Address (if less than 2 years at present address) City		lity		State	Zip Code	Now Long (yrs)		
	n proce	Employer			Self Employed	Work Phone		Date Employed		
	d delay	Address			1	Position / Occupation		Monthly Gross Income \$		
All appl	to avoi	Name and Address of Previo	ous Employer (if less than 2 ye	ars at present employer)			Now Long (yrs)			
Note:		Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining credit worthiness								
		Nearest Relative (Not Living With You)								
CO-APPLICANT Intended for joint applicant, this information	unt.	Last Name		First Name		Middle		Social Security Number		
	ualacco	Date of Birth	No. of Dependents	Home Phone	Cell Phone		Own Rent Other	Monthly Payment \$		
	individ	Current Address		City		State	Zip Code	Now Long (yrs)		
	ed for ar	Previous Address (if less than 2 years at present address)		City		State	Zip Code	Now Long (yrs)		
	ot requir	Employer			Self Employed	Work Phone		Date Employed		
	is no	Address Position / Occupation					Monthly Gross Income \$			
	ary	Name and Address of Creditor Name under Which Account		nt is Carried	Account Number	Balance	Monthly Payment			
CREDIT INFO Attach Additional		1. Home Mortgage/ Rent								
R S ≤	Attach Sheets i	2. Bank Credit Card/Bank N	lame and Address							
PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true an complete. I/We agree 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 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 to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to the report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. X Applicant Signature Date X Applicant Signature Date										
	É n	Applicant Signature		Date	Applicant Signat	ure	Date			
2	L	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.								
RANSFEF OF BAL REQUEST	ES	Credit Card Account Number Amount to be transferred \$								
NS NS	λ Σ	Signature								
 -										
FOR		Visa Account No.								
FOR INTERNAL USE ONLY		Date Approved		Credit Line	Approved By					

Jefferson Security Bank, Shepherdstown WV 25443-0035 FOLD AND SECURE WITH TAPE FOR MAILING Application 2017 or send a letter to P.O. Box 35, Shepherdstown,WV 25443.

All contents including rates, fees and premiums are accurate at the time of printing, for changes that may have been made after printing. For changes please call (304) 876-9055

Check Account Choice: Individual Account Joint Account We intend to apply for joint credit Applicant Initials_____ Co-Applicant Initials ____

Credit Line Increase