Mastercard® Credit Card Application

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT Officer # For Military Lending Act Disclosure Information, please call (877) 331-2119. 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, physical 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. Return Completed Applications to: BankCard Services, P.O. Box 779, Jefferson City, MO 65102; Fax (573) 634-1104

Interest Rates and Interest	Charges									
Annual Percentage Rate (APR) for Purchases			0.00% introductory APR for six (6) statement cycles after account opening. After that,							
			your APR will be 16.49% to 26.24% , based on your							
			creditworthiness. This APR will vary with the market based on the Prime Rate.							
APR for Balance Transfers			16.49% to 26.24%							
			Your APR will be based on your creditworthiness. This APR will vary with the market							
				e Prime Rate.						
APR for Cash Advances			29.24% This APR will vary with the market based on the Prime Rate.							
Paying Interest			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. We will begin charging interest on cash advances and balance transfers on the transaction date.							
Minimum Interest Charge			If you are charged interest, the charge will be no less than \$1.50							
For Credit Card Tips from the Consumer			To learn more about factors to consider when applying for or using a credit card, visit							
Financial Protection Bureau			the website of the Consumer Financial Protection Bureau at www.consumerfinance.gov/learnmore							
Fees										
Annual Fee			None							
Transaction Fees										
Balance Transfer			Either \$10 or 4% of the amount of each transfer, whichever is greater							
Cash Advance			Either \$10 or 4% of the amount of each transfer, whichever is greater							
International Transac	3% of each transaction once converted into U.S. Dollars									
Penalty Fees			Up to \$35							
Late Payment			None							
Over-the-Credit LimitReturned Payment			Up to \$35							
The information about the costs of the card des	(08/2025). This information may have changed after that date. To find out what may have changed, call us at (800) 445-9272 or write									
us at BankCard Services, P.O. Box 779, Jeffers How We will Calculate Your Balance: We use	e a method called "a	verage da	ily balance (excludi	ng new purchases)."						
Loss of Introductory APR: We may end your introductory APR and apply the Annual Percentage Rate for Purchases if you make a late payment. If you would like to add an Authorized User, please provide Authorized User information in the section below.										
Primary Applicant Information	le H al	1 4				South Dista		O a si al O a surit	h Alburah an	
First Name Initial Last						Birth Date Social Security Number				
Physical Address, City, State & Zip			Mailing Address, City, State & Zip (if different than physical))		
Home Phone Cell Phone Pref		Prefe	erred Email Address			Residential Status ☐Own ☐Rent ☐C		ther	Monthly Payment \$	
Drivers License # Passport #						State	Issue Date		Expiration Date	
Employed by Position			Work Phone					Gross Monthly Income*		
*Income means wages, salary or tips, you cur Interest dividends and retirement benefits paid	d. You do not have to	o include a	alimony, child suppo	rt or separate maintenan	ce i	ncome unless you w				
repayment. If you are under 21, you may cons Authorized User Information	ider the amount of a	nother pe	rson's income that is	s regularly deposited into	you	ur account.				
First Name Initial Last		Last			B	Birth Date		Social Security Number		
Physical Address, City, State & Zi	р			Mailing Address,	Cit	y, State & Zip (i	if differe	nt than physical)	
Home Phone Cell Phone	Cell Phone Pref		ferred Email Address							
Drivers License # Passport #						State	Issue Date		Expiration Date	
I hereby apply to The Central Trust Bank (issuing Bank), Jefferson City, Missouri for a credit card account. I have read this application and everything I have stated is true. I am at least 18 years of age. I authorize the issuing Bank to check credit, including requests for consumer credit report or reports from one or more consumer reporting agencies, employment history or any other information and to report to others its credit experience with me. I accept that on a periodic basis, the account may be considered to an automatic upgrade at the discretion of the issuing Bank. I understand that the acceptance of use of any card issued will be subject to the terms of this application and the Credit Card Agreement that will be sent with the card and any future amendments thereto. Bank reserves the right to retain this application whether or not is it approved.										
Primary Applicant Signature				Date	Date					