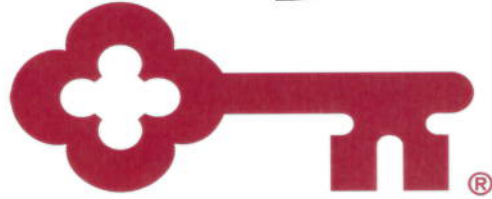


# KeyBank



**Credit Application**

**15 months 0% interest**

**For**

**Colorado Skin Care**

**Please fax or email**

**Fax 303-427-4105**

**Email and refer any questions to**

**[Alexis\\_Olivas@KeyBank.com](mailto:Alexis_Olivas@KeyBank.com)**

**[Cassandra A Montero@KeyBank.com](mailto:Cassandra_A_Montero@KeyBank.com)**

**(Branch Manager)**

**[Sanapha Thammavongsa@KeyBank.com](mailto:Sanapha_Thammavongsa@KeyBank.com)**



# KeyBank MasterCard® Credit Card Application

**Choose one:**

- Key2More Rewards® MasterCard®
- LatitudeSM MasterCard®

Note: If no selection is made or both products are selected, we will process your application for a Key2More Rewards MasterCard.

**Choose one:**

- Individual Account
- Joint Account

**SEE SUMMARY CHART ON PAGE 3 FOR RATES, FEES, AND OTHER COST INFORMATION. IF JOINT ACCOUNT IS SELECTED, PAGE 2 MUST ALSO BE COMPLETED. UNLESS OTHERWISE INDICATED, ALL INFORMATION IS REQUIRED.**

**Applicant Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address \_\_\_\_\_ (Apt. #) \_\_\_\_\_

(Required – No P.O. Boxes Allowed):

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Time at Address (Yrs/Mos): \_\_\_\_\_ / \_\_\_\_\_

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address<sup>1</sup> (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Soc. Sec. #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Primary ID: Type (e.g., driver's license): \_\_\_\_\_ ID#: \_\_\_\_\_

State/Country of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Secondary ID: Type: \_\_\_\_\_ ID#: \_\_\_\_\_

Bank Employee  Yes  No

Number of Dependents (including self): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (Apt. #) \_\_\_\_\_

(If Different Than Above)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

If no, are you a resident alien?  Yes  No

Current Employer: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Employed (Yrs/Mos): \_\_\_\_\_ / \_\_\_\_\_

Employment type:  Full Time  Part Time  Retired  Self-Employed

Commission Sales  Other

- |                                       |  |   |
|---------------------------------------|--|---|
| Occupation:                           | <input type="checkbox"/> Guard Civil/Postal    | <input type="checkbox"/> Professional Teacher   |
| <input type="checkbox"/> Manager      | <input type="checkbox"/> Homemaker             | <input type="checkbox"/> Semiprofessional       |
| <input type="checkbox"/> Sales        | <input type="checkbox"/> Military Commissioned | <input type="checkbox"/> Services               |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Military Enlisted     | <input type="checkbox"/> Student                |
| <input type="checkbox"/> Laborer      | <input type="checkbox"/> Office Staff          | <input type="checkbox"/> Trades                 |
| <input type="checkbox"/> Creative     | <input type="checkbox"/> Other                 | <input type="checkbox"/> Unemployed no income   |
| <input type="checkbox"/> Driver       | <input type="checkbox"/> Owner of Business     | <input type="checkbox"/> Unemployed with income |
| <input type="checkbox"/> Executive    | <input type="checkbox"/> Production Worker     |   |

**Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

Applicant's Annual Income: \$ \_\_\_\_\_

Annual Amount of Other Income: \$ \_\_\_\_\_

Source of Other Income: \_\_\_\_\_

Own Home  Rent  Live with parents or other relative  Other

Monthly Housing Payment: \$ \_\_\_\_\_

If residential status is Own/Buy, Date Purchased: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Please check your Financial Relationships with this Institution:

- Checking  Savings  Money Market/Investments
- Mortgage/Home Equity  Auto Loans

**To add an optional authorized user to your account, please call 1-800-KEY2YOU after the account is open.<sup>2</sup>**

<sup>1</sup>Once your account is open, your email address may be used to communicate periodic account updates and offers.  
<sup>2</sup>You may request a card be issued on your MasterCard Card account to a person you authorize to use your account. This person is called an Authorized User. You agree to be solely responsible for all transactions the Authorized User makes on your account.

**Important Terms and Application Agreement**

By signing below, you understand and agree that KeyBank National Association ("we," "us" or "our"), as the creditor and issuer of your Account, will rely on the information provided here in making this credit decision, and you certify that such information is accurate and complete to the best of your knowledge. If we open an Account based on this Application, you will be individually liable (or, for joint Accounts, individually and jointly liable) for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. We may request consumer credit reports about you for evaluating this Application and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes, and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications at the number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from us and our affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose. These calls and messages may incur access fees from your cellular provider. By signing below, you also agree that we may verify your employment, income, address, and all other information provided with other creditors, credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including state motor vehicle departments) and waive any rights of confidentiality you may have in that information under applicable law. By signing below, you certify that you read and understood the disclosures here and you agree to the terms of this Application.

**X** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature of Applicant Date

**Return this application to your nearest KeyBank branch or apply online at key.com.**



(Internal Use Only: Referred By ID)

# KeyBank MasterCard Credit Card Application – Joint Applicant Information

**IF JOINT ACCOUNT WAS SELECTED ON PAGE 1, THIS PAGE MUST ALSO BE COMPLETED FOR THE JOINT APPLICANT. UNLESS OTHERWISE INDICATED, ALL INFORMATION IS REQUIRED.**

## Joint Applicant Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address \_\_\_\_\_

(Required – No P.O. Boxes Allowed): \_\_\_\_\_ (Apt. #) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Time at Address (Yrs/Mos): \_\_\_\_\_ / \_\_\_\_\_

Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone # (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address<sup>1</sup> (optional): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Soc. Sec. #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Primary ID: Type (e.g. driver's license): \_\_\_\_\_ ID#: \_\_\_\_\_

State/Country of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Secondary ID: Type: \_\_\_\_\_ ID#: \_\_\_\_\_

Bank Employee  Yes  No

Number of Dependents (including self): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If Different Than Above) \_\_\_\_\_ (Apt. #) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

If no, are you a resident alien?  Yes  No

Current Employer: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Employed (Yrs/Mos): \_\_\_\_\_ / \_\_\_\_\_

Employment type:  Full Time  Part Time  Retired  Self-Employed

Commission Sales  Other

Occupation:  Guard Civil/Postal  Professional Teacher

Manager  Homemaker  Semiprofessional

Sales  Military Commissioned  Services

Professional  Military Enlisted  Student

Laborer  Office Staff  Trades

Creative  Other  Unemployed no income

Driver  Owner of Business  Unemployed with income

Executive  Production Worker

**Alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

Joint Applicant's Annual Income: \$ \_\_\_\_\_

Annual Amount of Other Income: \$ \_\_\_\_\_

Source of Other Income: \_\_\_\_\_

Own Home  Rent  Live with parents or other relative  Other

Monthly Housing Payment: \$ \_\_\_\_\_

If residential status is Own/Buy, Date Purchased: \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Please check your Financial Relationships with this Institution:

Checking  Savings  Money Market/Investments

Mortgage/Home Equity  Auto Loans

## Important Terms and Application Agreement

By signing below, you understand and agree that KeyBank National Association ("we," "us" or "our"), as the creditor and issuer of your Account, will rely on the information provided here in making this credit decision, and you certify that such information is accurate and complete to the best of your knowledge. If we open an Account based on this Application, you will be individually liable (or, for joint Accounts, individually and jointly liable) for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. We may request consumer credit reports about you for evaluating this Application and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes, and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications at the number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from us and our affiliates and agents. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls regardless of their purpose. These calls and messages may incur access fees from your cellular provider. By signing below, you also agree that we may verify your employment, income, address, and all other information provided with other creditors, credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including state motor vehicle departments) and waive any rights of confidentiality you may have in that information under applicable law. By signing below, you certify that you read and understood the disclosures here and you agree to the terms of this Application.

**X** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of Joint Applicant Date

**Return this application to your nearest KeyBank branch or apply online at key.com.**



(Internal Use Only: Referred By ID)