



Dear Member,

Thank you for your request for an additional card on your MasterCard/VISA credit card account.

In order to properly evaluate your request, please provide the information requested below and return this form to us at your earliest convenience.

We appreciate your cooperation and look forward to receiving your reply.

Sincerely,

Credit Card Department

Authorized User's Name (Print)

Authorized User's Signature

I understand I am responsible for all cards issued on this above account and need one(1) additional card for the use of the above authorized user.

Home Telephone

Business Telephone

Cardholder's Social Security Number

Credit Card Account Number

Cardholder's Name (Print)

Cardholder's Signature