



Welcome to South Atlantic Bank's Standard and Platinum MasterCards®. With acceptance throughout the world, MasterCard® gives you the freedom and security to shop online, dine, receive cash advances and a whole lot more.

With a Personal Standard MasterCard® from South Atlantic Bank you receive –

- No annual fee
- Accepted wherever you see the MasterCard® symbol
- 25 day grace period on all purchases
- Low variable APR
- Pay your bill via the internet, by mail, or autodraft

With a Personal Platinum MasterCard® from South Atlantic Bank you get everything the Standard card affords you, plus -

- **Cash Back Rewards: 1% earned on all purchases!\***

There's no better time to carry a South Atlantic Bank credit card! Apply for your Standard or Platinum MasterCard® today and enjoy using the card anywhere you see the MasterCard® symbol.

\* Not valid on balance transfers.

PO Box 70130  
Myrtle Beach, SC 29572  
P 843.839.0100  
SouthAtlantic.bank

01/01/19



South Atlantic  
Bank

*Personal*  
*Credit Card Application*

# MASTERCARD® PERSONAL APPLICATION

(All offers of credit are subject to credit approval.)

STANDARD  PLATINUM

Requested Amount \$ \_\_\_\_\_

Last Name	First Name	Middle Initial	Mother's Maiden Name (for security purposes)	
Street Address	City	State	Zip Code	Years at Address
Mailing Address	City	State	Zip	<input type="checkbox"/> Own <input type="checkbox"/> Rent Name of Landlord or Mortgage Company Monthly Rent or Mortgage Pymt.
Birth Date / /	Social Security Number - -		Home Phone ( )	Cell Phone ( )
Email Address				
Previous Address	City	State	Zip Code	No. Years at Address
Current Employer	Position		Business Phone ( )	No. of Years
Gross Monthly Income* \$	Other Income* \$	(Source of other income)		
Name of Closest Relative not Living with You		Home Phone ( )	Address of Closest Relative	

APPLICANT AND CO-APPLICANT MUST INITIAL HERE IF THIS IS A JOINT APPLICATION: \_\_\_\_\_ (INITIAL) \_\_\_\_\_ (INITIAL)

If you have a co-applicant or are requesting an authorization for a user of the account, provide information about that person. If you are relying on alimony, child support, or separate maintenance payments or on the income or assets of another person, complete regarding that person.

Name of Co-Applicant	Birth Date / /	Social Security Number - -	Cell Phone Number	
Street Address	City	State	Zip Code	No. Years at Address
Current Employer or Source of Income	Position	Business Phone ( )	No. of Years	Gross Monthly Income* \$
Name of Closest Relative not Living with You		Home Phone ( )	Address of Closest Relative	

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

1. Account Number	Amount to be Paid \$ _____ / _____ . _____	Pay to
Address _____ City _____ State _____ Zip Code _____		
2. Account Number	Amount to be Paid \$ _____ / _____ . _____	Pay to
Address _____ City _____ State _____ Zip Code _____		

If you currently have a minimum payment due, please pay it in order to avoid delinquency while your application and/or the balance transfer request is being processed. Balance transfers are subject to your available credit limit. In the event that your request(s) exceeds the amount of your credit line, we will fulfill your request(s) up to your available credit limit, decline to process one (1) or more requests and/or complete one (1) request in a partial amount. If you have a dispute with any creditor and you pay the balance by transferring it, you may lose certain rights.

USA PATRIOT Act: To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain, verify, and record information that identifies each person who opens an account. The information requested includes name, street address, date of birth, and Social Security number. We may also ask to see your driver's license or other identifying information. The undersigned individual(s) understands that the use of any card issued in connection with this application shall be subject to the terms of the MasterCard® Standard or Platinum Agreement and Disclosure statement which will be sent with the card. The individual applicant and the joint applicant will be liable for all charges incurred jointly and severally according to the MasterCard® Standard and Platinum Agreement and Disclosure. I/We authorize South Atlantic Bank to investigate any facts, or obtain and exchange reports regarding this application or resulting account with credit reporting agencies and others including affiliates of South Atlantic Bank. Upon request I/we will be informed of each agency's name and address. I/We understand that you will retain this application whether or not it is approved. I/We have read this entire application, agree to its terms, and verify the information is correct.

Signature of Applicant	Date	Signature of Co-Applicant (if applicable)	Date
X	/ /	X	/ /

<b>OFFICE USE ONLY</b>	Approved Limit	Officer Approval	Date / /
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## Interest Rates and Interest Charges

<b>Standard Card Annual Percentage Rate (APR) includes purchases, cash advances, and balance transfers</b>	Currently a variable APR, <b>14.40%</b>
<b>Platinum Card Annual Percentage Rate (APR) includes purchases, cash advances, and balance transfers.</b>	Currently a variable APR, <b>11.00%</b>
<b>How to Avoid Paying Interest on Purchases</b>	Your due date is at least 25 days after the close of each billing cycle. We will not charge you any 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
<b>Annual Fee</b>	<b>None</b>
<b>Variable Rate Information</b>	Your Annual Percentage Rate (APR) may vary. For Standard Card, rate is equal to The Wall Street Journal Prime Rate as of the first day of the month, plus a margin of <b>8.90%</b> . For Platinum Card, rate is equal to The Wall Street Journal Prime Rate as of the first day of the month, plus a margin of <b>5.50%</b> .
<b>For Credit Card Tips from the Consumer Financial Protection Bureau</b>	To learn more about factors to consider when applying for or using a credit card, visit: <a href="http://www.consumerfinance.gov/learnmore">http://www.consumerfinance.gov/learnmore</a>

## Fees

<b>Transaction Fees</b>	<b>\$10 or 3% of the amount of the transfer, whichever is greater</b>
• Balance Transfer	<b>\$5 or 3% of the amount of each advance, whichever is greater</b>
• Cash Advance	
• Foreign Transaction	
<b>Penalty Fees</b>	<b>5% of the unpaid amount of the minimum payment not to be less than \$10.00 or more than \$25.00</b>
• Late Payment	<b>\$25.00</b>
• Returned Payment	

**How We Will Calculate Your Balance:** We use a method called "average daily balance (including new purchases)." See your account agreement for more details.

**Billing Rights:** Information on your rights to dispute transactions and how to exercise those rights are provided in your account agreement.

Rates, terms and conditions for cards described in this application are accurate as of 01/01/19. Rates, terms and conditions may change without warning. For an up to date copy of our Card Agreement, call us at 843.839.0100 or write to South Atlantic Bank Credit Card Services, PO Box 70130, Myrtle Beach, SC 29572.

APPLICANT

CO-APPLICANT

BALANCE TRANSFER

SIGNATURES