

PLACE
STAMP
HERE

THE FIRST NATIONAL BANK OF WAMEGO
PO BOX 226
WAMEGO KS 66547



CARRY THE CARD
FROM YOUR
MAIN STREETSM BANK.



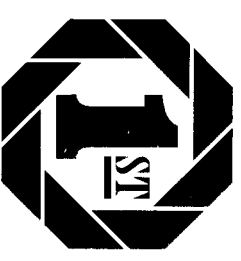
YOU DESERVE THE CREDIT

Make your new Visa® your constant traveling companion and you'll always have instant credit at your fingertips. Your new card is already packed with everything you need to take you anywhere you want to go. From the tiniest boutique to the largest resort, your Visa is your ticket to the best.

You'll enjoy more shopping, more fine restaurants, more travel opportunities with your Visa, whether you're going across town or around the world.

Accepted around the globe wherever you see the Visa emblem. You'll benefit from its convenience and security whenever you use your card to travel, shop, or dine. In business or pleasure, you'll find it makes your life a little bit easier.

When You Use The...



Credit Card for the purchase of goods or services, the following benefits are yours!

- ***Automatic Travel Accident Insurance***

When you use this card to purchase your entire travel fare on a common carrier you are automatically provided with Travel Accident Insurance coverage. Your spouse and eligible dependent children are also covered when their travel fare is purchased with this card. This coverage is provided to you at **NO EXTRA COST**. See your description of coverage for complete coverage details.

- ***Toll-Free Travel Reservation Service***

- ***Quarterly Newsletter***
- ***VisionCare***
- ***Bonus Travel Dividends***
- ***Pharmacy Discounts***
- ***Key Registration***
- ***Credit Card Registration***
- ***Auto Rental Discount***

CREDIT APPLICATION



Check Account Choice: Individual Account
 (Signature required for joint applicant) Joint Account
 Credit Limit Increase

Credit Limit Requested \$ _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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, 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 applicable sections should be filled out completely to avoid delay in processing your application.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone ()	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$	
Current Address		City	State	Zip Code	How Long (yrs)
Mailing Address (if different from above)		City	State	Zip Code	How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()		Date Employed	
Address		Position / Occupation			Monthly Gross Income \$
Name and Address of Previous Employer (if less than 2 years at present employer)					How Long (yrs)
Source of Additional Income: income from alimony, child support or separate maintenance need not be revealed if it is not to be considered in determining creditworthiness.					Amount per Month \$
Nearest Relative (Not Living With You)			Home Phone	Relationship	
Their Address		City	State	Zip Code	

CO - APPLICANT

Information about a co-applicant is not required for an individual account.

Last Name		First	Middle	Social Security Number	
Date of Birth	No. of Dependents	Home Phone ()	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Monthly Payment \$	
Current Address		City	State	Zip Code	How Long (yrs)
Previous Address (if less than 2 years at present address)		City	State	Zip Code	How Long (yrs)
Employer	Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()		Date Employed	
Address		Position / Occupation			Monthly Gross Income \$

CREDIT INFORMATION

Attach Additional Sheet If Necessary.

Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1. Home Mortgage/Rent			\$	\$
2. Bank Credit Card /Bank Name and Address			\$	\$

CREDIT DISCLOSURES

Annual Percentage Rate (APR) for Purchases	11% (Fixed)
Other APR's	Cash Advance APR: 11% (Fixed) Balance Transfer APR: 11%
Grace Period for repayment of balances for purchases	25 Days
Method of computing the balance for purchases	Average Daily Balance (including new purchases)
Annual Fees	None
Minimum Finance Charge	None
Transaction Fee for Cash Advances	3% of the amount advanced
Balance Transfer Fee	None
Late Payment Fee	\$30.00 (applied when minimum payment is not received within 15 days after closing date.)
Return Payment Fee	None
Over-the-Credit-Limit Fee	\$30.00 (applied when a balance is 10% or more over the limit.)

The information about the costs of the card described in this application is accurate as of August 2005. This information may have changed after that date. To find out what may have changed, write us at P.O. Box 226, Wamego, KS 66547.

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I / We certify that all information here-in is true and complete. I / We agree that inquiries 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. I / We agree to 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 of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X _____ **X** _____
 Applicant Signature Date Co-Applicant Signature Date

TRANSFER OF BALANCE REQUEST

Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.
 Credit Card Account Number _____ Amount to be transferred \$ _____
 Signature _____

FOR INTERNAL USE ONLY

Visa Account No. _____

DATE APPROVED	CREDIT LINE	APPROVED BY
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