Mortgage Holder:

KeyBank MasterCard® Credit Card Application				
Choose one: Choose one:	Please check your Financial Relationships with this Institution:			
□ Key2More Rewards® MasterCard® □ Individual Account	☐ Checking ☐ Savings ☐ Money Market/Investments			
□ Latitude sm MasterCard [®] □ Joint Account	☐ Mortgage/Home Equity ☐ Auto Loans			
Note: If no selection is made or both products are selected, we will process your application for a Key2More Rewards MasterCard.	To add an optional authorized user to your account, please call 1-800-KEY2YOU after the account is open. ²			
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.	Once your account is open, your email address may be used to communicate periodic account updates and offers. 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.			
Applicant Information	makes on your account.			
First Name: MI:	Important Terms and Application Agreement			
Last Name: Suffix:	By signing below, you understand and agree that KeyBank National Association ("we," "us"			
Address	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			
(Required – No P.O. Boxes Allowed): (Apt. #)	complete to the best of your knowledge. If we open an Account based on this Application,			
City: State: ZIP:	you will be individually liable (or, for joint Accounts, individually and jointly liable) for all			
Time at Address (Yrs/Mos):	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			
Home Phone #:	you for evaluating this Application and in the future for reviewing Account credit limits, for			
Cell Phone # (optional):	Account renewal, for servicing and collection purposes, and for other legitimate purposes			
E-mail Address¹ (optional):	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			
Date of Birth: / / Soc. Sec. #:	reporting agency that furnished the report. By providing a telephone number for a cellular			
Primary ID: Type (e.g., driver's license): ID#:	phone or other wireless device, you are expressly consenting to receiving communications			
State/Country of Issue: Expiration Date:	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			
<u> </u>	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			
Bank Employee □ Yes □ No	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			
Number of Dependents (including self):	provided with other creditors, credit reporting agencies, employers, third parties, and through			
Mailing Address: (If Different Than Above) (Apt. #)	records maintained by federal and state agencies (including state motor vehicle departments)			
City: State: ZIP:	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			
Are you a U.S. citizen? Yes No	agree to the terms of this Application.			
If no, are you a resident alien? \square Yes \square No				
Current Employer:				
Work Phone #: Employed (Yrs/Mos): /	X / /			
Employment type: Full Time Part Time Retired Self-Employed	Signature of Applicant Date			
□ Commission Sales □ Other	DI C 4 202 FFC 2005 ATTINI TO 1			
	Please fax to 303-776-3395 ATTN: Tres Lacert.			
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.				
Applicant's Annual Income: \$				
Applicant's Annual Income: \$ Annual Amount of Other Income: \$				
Annual Amount of Other Income: \$ Source of Other Income:				
Annual Amount of Other Income: Source of Other Income: Own Home Rent Live with parents or other relative Other				
Annual Amount of Other Income: \$ Source of Other Income: Own Home Rent Live with parents or other relative Other Monthly Housing Payment: \$				
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:	KeyBank ○ π .			
Annual Amount of Other Income: \$ Source of Other Income: Own Home Rent Live with parents or other relative Other Monthly Housing Payment: \$	KeyBank 🗘 🔐			

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.	#)	
	State	: ZI	P:	
Time at Address (Yrs/Mos):	/			
Home Phone #:	_	_		
Cell Phone # (optional):	_	_		
E-mail Address ¹ (optional):				
Date of Birth: / /	Soc. Sec. #:	_	_	
Primary ID: Type (e.g. driver's licens	se): ID#:			
State/Country of Issue:	Expir	ation Date:		
Secondary ID: Type:	ID#:			
Bank Employee ☐ Yes ☐ N	l o			
Number of Dependents (including	ng self):			
Mailing Address:				
(If Different Than Above)		(Apt.	#)	
City:	State	: ZI	P:	
Are you a U.S. citizen? $\hfill\Box$ Yes	□ No			
If no, are you a resident alien?	□ Yes □ No			
Current Employer:				
Work Phone #:	Empl	oyed (Yrs/N	Mos): /	
Employment type: ☐ Full Time	□ Part Time □ Retired	d □ Self-E	imployed	
□ Commission Sales □ Othe				
Occupation:	☐ Guard Civil/Postal	П	Professional Teacher	
□ Manager	□ Homemaker		Semiprofessional	
□ Sales	☐ Military Commissione	ed 🗆	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 in have it considered as a basis for rej		d not be revea	aled if you do not wish to	
Joint Applicant's Annual Income	s: \$			
Annual Amount of Other Income				
Source of Other Income:				
□ Own Home □ Rent	☐ Live with parents	or other relat	tive Other	
Monthly Housing Payment:	\$			
If residential status is Own/Buy,	Date Purchased:			
Purchase Price:	\$			
Mortgage Balance:	\$			
Estimated Value:	\$			
Mortgage Holder:	•			
Please check your Financial Rel	ationships with this Instit	ution:		
□ 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	

Please fax to 303-776-3395 ATTN: Tres Lacert.



(Internal Use Only: Referred By ID)

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 you for your name, address, date of birth, and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

Summary Of MasterCard Account Terms

Interest Rates and Interest Charges	Key2More Rewards MasterCard® Credit Card	Latitude MasterCard® Credit Card		
Annual Percentage Rate (APR) for purchases	0.00% Introductory APR for the first 6 monthly billing cycles. After that, your APR will be 12.99% to 21.99% based on your creditworthiness. This APR will vary with the market based on the Prime Rate.	0.00% Introductory APR for the first 15 monthly billing cycles. After that, your APR will be 9.99% to 19.99% based on your creditworthiness. This APR will vary with the market based on the Prime Rate.		
APR for Cash Advances	23.99% This APR will vary with the market based on the Prime Rate.			
APR for Balance Transfers	0.00% Introductory APR for the first 6 monthly billing cycles following account opening when balance is transferred within the first 60 days following account opening. After that, your APR will be 12.99% to 21.99% based on your creditworthiness. This APR will vary with the market based on the Prime Rate.	0.00% Introductory APR for the first 15 monthly billing cycles following account opening when balance is transferred within the first 60 days following account opening. After that, your APR will be 9.99% to 19.99% based on your creditworthiness. This APR will vary with the market based on the Prime Rate.		
How to Avoid Paying Interest on Purchases	Your payment 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 of each month.			
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50			
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at: http://www.consumerfinance.gov/learnmore			
Fees				
Annual Fee	None			
Transaction Fees: • Balance Transfer Fee • Cash Advance Fee • Convenience Check Advance Fee • Cash Equivalent Fee • Overdraft Protection Transfer Fee • Foreign Transaction Fee	Either \$10.00 or 4% of the amount of each transaction, whichever is greater. Either \$10.00 or 4% of the amount of each transaction, whichever is greater. Either \$10.00 or 4% of the amount of each transaction, whichever is greater. Either \$10.00 or 4% of the amount of each transaction, whichever is greater. \$10.00 3% of the amount fo each foreign currency transaction after its conversion into U.S. Dollars.			
Penalty Fees: • Late Payment Fee	Up To \$35.00			

How We Calculate Your Balance: We use a method called the average daily balance method (including new purchases).

Loss of Introductory APR: If you make a late payment, we may end offering you a lower introductory APR and begin charging you the higher APR (for both Purchases and Balance Transfers) that is specified in the table above and scheduled to take effect after the introductory APR is no longer effective.

Rate and Fee Information: The Rate and Fee information above is accurate as of 11/20/2015. To find out what may have changed after that date, please call us at 1-800-KEY2Y0U or visit key.com/creditcards.

Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

New York and Maine Residents: You agree to give us permission to obtain one or more credit reports from consumer reporting agencies in connection with this application, any transaction or extension of credit that may result from this application, and on an ongoing basis, for the purposes of performing a routine and occasional verification of credit on the Account, taking collection action on the Account, or for any other legitimate purposes associated with the Account. Upon your request, you will be informed of whether or not a consumer credit report was ordered, and if it was, you will be given the name and address of the consumer reporting agency that furnished the report.

New York Residents: New York residents may contact the New York State Department of Financial Services at 1-800-518-8866 or visit its website (www.dfs.ny.gov/consumer/creditdebt/htm) for free information on comparative credit card rates, fees and grace periods.

Vermont Residents: By signing herein you consent to KeyBank obtaining and verifying information about you (which may include a consumer credit report) that we deem necessary in evaluating your application, including information about your employment, banking, and credit relationships. If your application is approved, you also authorize us to obtain additional credit reports or other information about you in connection with reviewing the account, increasing the credit line on the account, for the purpose of taking collection action on the account, or for other legitimate purposes associated with the account.

Utah Residents: As required by Utah law, you are hereby notified that a negative credit report reflecting on our credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

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 customers who opens an account. Therefore, all new and existing customers are subject to the identity verification requirements.

All credit products are subject to credit approval. The creditor and issuer of this credit card is KeyBank NA, pursuant to a license from MasterCard International Incorporated. MasterCard is a registered trademark of MasterCard International Incorporated.

For help, call us at 1-800-539-9055.

