FLORIDA HOSPITAL
Credit Union
601 E. Rollins St.
Orlando, FL 32803

LOANLINER VISA

VISA PLATINUM/VISA CLASSIC/VISA SECURED APPLICATION AND SOLICITATION DISCLOSURE

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	**Visa Platinum** **9.99%** **Visa Classic** **14.99%** **Visa Secured** **16.00%**
APR for Balance Transfers	**Visa Platinum** **9.99%** **Visa Classic** **14.99%** **Visa Secured** **16.00%**
APR for Cash Advances	**Visa Platinum** **9.99%** **Visa Classic** **14.99%** **Visa Secured** **16.00%**
How to Avoid Paying Interest on Purchases	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.
Minimum Interest Charge	If you are charged interest, the charge will be no less than $0.50. The minimum interest charge will be charged on any dollar amount.
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	
Transaction Fees - Foreign Transaction Fee	**1.00%** of each transaction in U.S. dollars
Penalty Fees - Late Payment Fee - Returned Payment Fee	 Up to **$25.00** Up to **$25.00**

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

Effective Date.
The information about the costs of the card described in this application is accurate as of October 12, 2012.
This information may have changed after that date. To find out what may have changed, contact the Credit Union.

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SEE BACK OF PAGE for more important information about your account.

OTHER DISCLOSURES

Late Payment Fee	$25.00 or the amount of the required minimum payment, whichever is less, if you are ten (10) or more days late in making a payment.
Returned Payment Fee	$25.00 or the amount of the required minimum payment, whichever is less.
Statement Copy Fee	$5.00
Document Copy Fee	$5.00
Emergency Card Replacement Fee	$5.00
Card Replacement Fee	$5.00