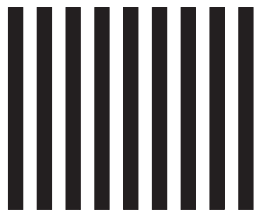


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 8 ATMORE, AL

POSTAGE WILL BE PAID BY ADDRESSEE

UNITED BANK
CREDIT CARD DEPT
PO BOX 8
ATMORE AL 36504-9988



Apply for our Credit Card and Start Earning ScoreCard Bonus Points

that can be redeemed for merchandise and travel!



United Bank 
Your Hometown Advantage[®]

Building a successful financial plan takes the right resources. That's why we work hard to provide you with quality financial services and products. Like our convenient, flexible Visa[®] Platinum Credit Card. It's accepted at thousands of locations worldwide for just about any type of purchase you can dream up. And, unlike those big out-of-town institutions, our card comes with the personal, friendly service you've come to expect from us. So, whatever your plans, choose the credit card that gives you all the value and buying power you need to get your projects off the drawing board.

Apply for yours today!

United Bank 
Your Hometown Advantage[®]

Powered
by: 
Card

When you use the...

United Bank 
Your Hometown Advantage[®]

Visa[®] Platinum Credit Card for the purchase of goods or services, the following benefits are yours!

Travel Accident Insurance

You, your spouse and dependent children up to age 19 (age 25 if a full-time student at any institute of higher learning) are automatically covered with common carrier travel accident insurance every time you travel by air, bus, train, ship, taxi, or any other common carrier anywhere in the world when you charge your entire fare to our card. This coverage is provided to you at NO EXTRA COST.

CardCentives - Prime

- \$1,000 Identity Theft Insurance
- Identity Theft Victim Assistance
- Payment Card Registration
- Travel Reservation Service
- 90-Days Product Protection

ScoreCard[®] Bonus Points

Earn Bonus Points for every net retail purchase you make with our United Bank Credit Card! You can redeem Bonus Points for brand-name merchandise and exciting travel awards. Visit www.scorecardrewards.com and browse the current award selections. You'll be amazed at what ScoreCard[®] has to offer! To find out how the plan works, ask one of our friendly representatives.

| | |
|---|--|
| Interest Rates and Interest Charges | Visa® Platinum |
| Annual Percentage Rate (APR) for Purchases | 9.75% Fixed |
| APR for Balance Transfers | 9.75% Fixed |
| APR for Cash Advances | 9.75% Fixed |
| Penalty APR and When it Applies | None |
| Paying Interest | Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest on retail purchases and/or balance transfers if you pay your entire balance by the due date. We will begin charging interest on cash advances on the transaction date. |
| Minimum Interest Charge | None |
| 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 web site of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore . |
| Fees | Visa® Platinum |
| Annual Fee | \$25.00 Annual fee waived with deposit relationship. |
| Transaction Fees | None |
| • Balance Transfer | None |
| • Cash Advances | None |
| • Foreign Transaction | Up to 1.0% |
| Penalty Fees | Up to \$30.00 |
| • Late Payment | Up to \$30.00 |
| • Over-the-Credit Limit | None |
| • Returned Payment | Up to \$30.00 |
| Other Fees | None |

How We Will Calculate Your Balance: We use a method called "average daily balance" (including new purchases). * An explanation of this method is provided in your account agreement.
Billing Rights: Information on your rights to dispute transactions and how to exercise those rights is provided in your account agreement.

| | | | | | | | |
|--|--|---|--|--|---|------------------------|-------------------------|
| CREDIT APPLICATION | | Check Account Choice: (Signature required for joint applicant) Visa® Platinum | | <input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account <input type="checkbox"/> We intend to apply for joint credit Applicant Initials _____ Co-Applicant Initials _____ <input type="checkbox"/> Credit Line Increase | | | |
| Credit Limit Requested \$ _____ | | \$5,000.00 Minimum Request | | | | | |
| IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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 <small>Note: All applicable sections should be filled out completely to avoid delay in processing your application.</small> | Last Name | | First | | Middle | Social Security Number | |
| | Date of Birth | No. of Dependents | Home Phone () | Cell Phone () | Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> | 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 considered in determining creditworthiness | | | | | | Amount per Month \$ |
| | Nearest Relative (Not Living With You) | | | | Home Phone () | | Relationship |
| CO-APPLICANT <small>Intended for joint applicant, this information is required for an individual account.</small> | Last Name | | First | | Middle | Social Security Number | |
| | Date of Birth | No. of Dependents | Home Phone () | Cell Phone () | Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/> | 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 INFO <small>Attach Additional Sheets if Necessary</small> | Name and Address of Creditor | | Name under Which Account is Carried | | Account Number | Balance | |
| | 1. Home Mortgage/Rent | | | | | | |
| 2. Bank Credit Card/Bank Name and Address | | | | | | | |
| SIGNATURES | PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein 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 you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. | | | | | | |
| | X _____ X _____ Applicant Signature Date Co-Applicant Signature Date | | | | | | |
| TRANSFER OF BAL REQUEST | Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account. | | | | | | |
| | <input type="checkbox"/> Credit Card Account Number _____ Amount to be transferred \$ _____ Signature _____ | | | | | | |
| FOR INTERNAL USE ONLY | Date Approved | | | | | | |
| | Credit Line | | Officer's Signature | | Branch Number | | |