

KeyBank MasterCard® Credit Card Application

Choose one:

- Key2More Rewards® MasterCard®
 LatitudeSM MasterCard®

Note: If no selection is made or both products are selected, we will process your application for a Key2More Rewards MasterCard.

Choose one:

- Individual Account
 Joint Account

**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.**

Applicant Information

First Name: _____ MI: _____

Last Name: _____ Suffix: _____

Address _____

(Required – No P.O. Boxes Allowed) (Apt. #)

City: _____ State: _____ ZIP: _____

Time at Address (Yrs/Mos): _____ / _____

Home Phone #: _____ - _____ - _____

Cell Phone # (optional): _____ - _____ - _____

E-mail Address¹ (optional): _____

Date of Birth: ____ / ____ / ____ Soc. Sec. #: ____ - ____ - ____

Primary ID: Type (e.g., driver's license): _____ ID#: _____

State/Country of Issue: _____ Expiration Date: _____

Secondary ID: Type: _____ ID#: _____

Bank Employee Yes No

Number of Dependents (including self): _____

Mailing Address: _____

(If Different Than Above) (Apt. #)

City: _____ State: _____ ZIP: _____

Are you a U.S. citizen? Yes No

If no, are you a resident alien? Yes No

Current Employer: _____

Work Phone #: _____ Employed (Yrs/Mos): _____ / _____

Employment type: Full Time Part Time Retired Self-Employed

Commission Sales Other

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Occupation: | <input type="checkbox"/> Guard Civil/Postal | <input type="checkbox"/> Professional Teacher |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Semiprofessional |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Military Commissioned | <input type="checkbox"/> Services |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Military Enlisted | <input type="checkbox"/> Student |
| <input type="checkbox"/> Laborer | <input type="checkbox"/> Office Staff | <input type="checkbox"/> Trades |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Other | <input type="checkbox"/> Unemployed no income |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Owner of Business | <input type="checkbox"/> Unemployed with income |
| <input type="checkbox"/> Executive | <input type="checkbox"/> 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: _____ \$

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: _____

Purchase Price: _____ \$

Mortgage Balance: _____ \$

Estimated Value: _____ \$

Mortgage Holder: _____

Please check your Financial Relationships with this Institution:

- Checking Savings Money Market/Investments
 Mortgage/Home Equity Auto Loans

To add an optional authorized user to your account, please call 1-800-KEY2YOU after the account is open.²

¹Once your account is open, your email address may be used to communicate periodic account updates and offers.
²You 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 makes on your account.

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 Applicant Date

Return this application to your nearest KeyBank branch or apply online at key.com.



(Internal Use Only: Referred By ID)

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. #) _____

City: _____ State: _____ ZIP: _____

Time at Address (Yrs/Mos): _____ / _____

Home Phone #: _____ - _____ - _____

Cell Phone # (optional): _____ - _____ - _____

E-mail Address¹ (optional): _____

Date of Birth: _____ / _____ / _____ Soc. Sec. #: _____ - _____ - _____

Primary ID: Type (e.g. driver's license): _____ ID#: _____

State/Country of Issue: _____ Expiration Date: _____

Secondary ID: Type: _____ ID#: _____

Bank Employee Yes No

Number of Dependents (including self): _____

Mailing Address: _____

(If Different Than Above) _____ (Apt. #) _____

City: _____ State: _____ ZIP: _____

Are you a U.S. citizen? Yes No

If no, are you a resident alien? Yes No

Current Employer: _____

Work Phone #: _____ Employed (Yrs/Mos): _____ / _____

Employment type: Full Time Part Time Retired Self-Employed

Commission Sales Other

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.

Joint Applicant's Annual Income: _____ \$

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: _____

Purchase Price: _____ \$

Mortgage Balance: _____ \$

Estimated Value: _____ \$

Mortgage Holder: _____

Please check your Financial Relationships with this Institution:

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

Return this application to your nearest KeyBank branch or apply online at key.com.



(Internal Use Only: Referred By ID) _____