



**REQUEST FOR VISA CREDIT LIMIT INCREASE**



Express Credit Union  
P.O. Box 94286  
Seattle, WA 98124-6586  
Phone: 206-622-1850  
Fax: 206-622-2073

Amount of limit requested: \_\_\_\_\_ Member Account: \_\_\_\_\_

Applicant Name (Last, First & Middle) \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Mortgage/Rent Amount: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_ Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant Name (Last, First & Middle) \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ D.L. # & State: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Gross Mo. Income \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_