

Print, read, fill out and sign this application for credit. Feel free to contact us with any questions at 361-592-3355. Once you have completed the application, do one of the following:

Fax it to us at: 361-592-4303

or,

Mail it to us at:

ATTN: Pharmacy Dept.
 Harrel's Pharmacy
 204 E Kleberg
 Kingsville, TX 78363

Harrel's
Kingsville Pharmacy

CREDIT APPLICATION

INDIVIDUAL (PRIMARY)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

How Long At Present Address (years): _____ Own: _____ Rent: _____

Birthdate: _____ # of Dependents: _____

Phone #'s: () _____ () _____
Home Work

Employer: _____ How Long (years)? _____

Occupation: _____ How Long (years)? _____

Income Per Month: _____ Household Income/Month: _____

Allimony, child-support or separate maintenance income need not be revealed if you do not wish to have it considered for this Application

Checking Account: Yes _____ No _____ Savings Account: Yes _____ No _____

Bank: _____

Do You Have?: Visa: _____ Mastercard: _____ Discover: _____ AMEX: _____

Reference / Relative: _____ Phone#: () _____

JOINT APPLICANT

Joint Applicant's signature required below

Name: _____

Social Security #: _____ Income Per Month: _____

Allimony, child-support or separate maintenance income need not be revealed if you do not wish to have it considered for this Application

Employer: _____ How Long (years)? _____

Phone #'s: () _____ () _____
Home Work

Address (if different): _____

City: _____ State: _____ Zip: _____

By signing below, I authorize CrediCard National Bank to confirm the information set forth on this Application and to obtain information concerning my credit history and status from third parties. I also authorize you to give out information about the performance of this Account to credit reporting agencies and others who are allowed to receive the information and to issue a credit card if this Application is approved. I agree to pay according to the credit terms as disclosed hereon and to comply with all terms of the Credit Card Account and Security Agreement, which will be mailed to me along with your privacy policy if this Application is approved. I affirm that the information I provided above is true, complete and correct to the best of my knowledge.

X _____
 Applicant's Signature

_____ Date

X _____
 Joint-Applicant's Signature (if applicable)

_____ Date

IMPORTANT CREDIT INFORMATION

This is an application with CrediCard National Bank for a Harrel's Kingsville Pharmacy account.

The information below includes the costs associated with an Account. It is accurate as of June, 2005, but may change after that date. To learn what may have changed, you may write to: **CrediCard National Bank, 100 West Olmos Drive, Suite 200, San Antonio, TX 78212.**

Annual Percentage Rate	The annual percentage rate is 18% . This translates to a monthly periodic rate of 1.50%.
Grace Period To Repay Balance	You have 25 days from your billing date to repay your balance before being charged a finance charge. Deferred billing options, when offered, carry an extended grace period.
Balance Calculation Method	The Average Daily Balance method (including new transactions) is used.
Minimum Finance Charge	A minimum monthly finance charge of \$.50 applies.
Late Payment Fees	You may be charged and you agree to pay a Late Payment Fee of 5% of the past due amount or \$15.00, whichever is less.
Minimum Amount Due	When the Outstanding Balance Reaches: The Minimum Amount Due Will Be: \$.01 to \$15.00 Outstanding Balance. Over \$15.00 5% of the Outstanding Balance or \$15.00, whichever is greater.

For Store Use Only - 42075

Store # or Location _____ Salesperson _____

Initial Amount Purchased _____

Initial Credit Limit Desired _____

DL# _____ Voice Credit Acct# _____

revised 06/27/2005