



## Visa Credit Limit Increase Request

**Primary Cardholder Name** \_\_\_\_\_

**Member Number** \_\_\_\_\_

Current Visa Limit \$ _____	Requested Credit Limit \$ _____
Employer _____	Job Title _____
Hire Date _____	Monthly Net Income \$ _____
Monthly Rent / Mortgage (circle one) \$ _____	Primary Phone Number _____
Work Number _____	Cell Number _____

**Joint Cardholder Name** \_\_\_\_\_

Current Visa Limit _____	Requested Credit Limit _____
Employer _____	Job Title _____
Hire Date _____	Monthly Net Income _____
Monthly Rent / Mortgage (circle one) _____	Primary Phone Number _____
Work Number _____	Cell Number _____

By signing below, I give MembersFirst Credit Union permission to obtain a current credit report to help determine their decision.

\_\_\_\_\_  
Primary Cardholder Signature                      Date

\_\_\_\_\_  
Joint Cardholder Signature                      Date