

## Ability to Pay Form

Your recent credit line increase request was received. In order to give further consideration to your request, we need additional information about your income, assets and financial obligations. This form enables you to provide us with the additional information that demonstrates you have the ability to repay your obligations. Please complete and return this form to the address or fax number provided within 30 calendar days or we will be unable to give further consideration to your request. You will also receive a letter in the mail requesting this same information. Please respond only once.

### Please Print All Information

Primary account holder legal name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Full account number: \_\_\_\_\_

**As the Primary accountholder, please complete all of the information below and return it to Card Services, PO Box 981814, El Paso, TX 79998-1814. If you prefer, you may fax the information to us toll-free at 1.866.939.7135. Please note that missing information may delay the processing of your request.**

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment.

Applicant total annual income: \_\_\_\_\_

Source of primary income:

Employment

Inheritance/Trust

Investment

Retirement

Social Security

Unemployment

Your assets:

Select the total amount of your checking, savings, stocks, CDs, money market accounts, etc.

\$0 - \$5,000

\$25,001 - \$50,000

\$5,001 - \$10,000

\$50,000+

\$10,001 - \$25,000

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Monthly housing payment: \$ \_\_\_\_\_ Rent ( ) Mortgage ( ) Own ( ) Other ( )

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**If your account has a cosigner, such as a guarantor or co-applicant, please have them sign below.**

Cosigner name: \_\_\_\_\_ Cosigner date of birth: \_\_\_\_\_

Cosigner total annual income: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_