



INDUSTRIAL FEDERAL CREDIT UNION

1115 Sagamore Parkway South
Lafayette, IN 47905
765-771-8000
www.ifcu.com

Visa Limit Increase Request

Date: / /

Name(s) on account: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Best contact number: \_\_\_\_\_

Member Number # \_\_\_\_\_

What would you like your total credit line to be: \$ \_\_\_\_\_

Please tell us:

Employed by: \_\_\_\_\_ How Long: \_\_\_\_\_

Gross yearly salary: \_\_\_\_\_

Month net take home pay: \_\_\_\_\_

- Check one of the following:
Own - Monthly Payment \$
Rent - Monthly Rent \$

Please consider my request for an increase to my credit card line, I understand that a consumer credit report may be requested with this application for a credit line increase.

Card holder(s) signature: \_\_\_\_\_ Date \_\_\_\_\_

Accepted by \_\_\_\_\_ Approved by \_\_\_\_\_ Amount approved \_\_\_\_\_ Date \_\_\_\_\_