



Acceptance Certificate

Yes! Send me a Cabrillo Platinum MasterCard!

Please print, mail or fax this form to (858) 547-9626. This form must be completed in full to be valid.

Social Security Number _____ Date of Birth _____

Total Gross Annual Salary and Other Income^ \$\$ _____

Phone (H) _____ Email Address (optional) _____

Phone (H) _____ Employer _____

^You do not have to include alimony, child support, spousal income or separate maintenance income UNLESS you want it to be considered as a basis for paying this obligation.

By signing this Acceptance Certificate, you are requesting a credit card account and if we open an account, you agree to be bound by the terms and conditions of the Platinum Credit Card including any amendments. You understand this offer may be rescinded if you no longer meet the selection criteria, or any applicable criteria bearing on your creditworthiness, or if you do not provide a physical address. You authorize Cabrillo Credit Union to obtain a credit bureau report. You also agree to receive the Privacy Statement at a later time, to avoid delaying the transaction.

 X _____
Signature Date