





Please print, complete and mail to:

Landmark Credit Union  
 Attn.: Credit Card Department  
 P.O. Box 510870  
 New Berlin, WI 53151-0870

		<h2 style="margin: 0;">Credit Limit Increase Request</h2>			
Do not mail with payment.					
Your Name (printed)				Last four digits of credit card	
Employer		Position	How Long	Annual Income \$	
Rent/Mortgage \$	No. of Dependents	Daytime Phone	Other Income \$	Source	
Co-Applicant Name				Daytime Phone	
Employer		Position	How Long	Annual Income \$	
Does Applicant/Co-Applicant pay Child Support, Alimony or Maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No           Amount \$ _____					
Signature _____ Date _____ Total Requested Limit \$ _____					
For more information, please call our Credit Card Department at (262) 796-4500, x6609.					01-2011

		<h2 style="margin: 0;">Balance Transfer Request</h2>			
Upon approval, please transfer the balances from my other credit cards to my Landmark Credit Card. (Do not send credit card bills or payments with this request.)					
Your Name (printed)				Daytime Phone	
Creditor Card Name				Transferring Account No.	
Transferring Amount \$	Creditor Payment Address			State	Zip
Creditor Card Name				Transferring Account No.	
Transferring Amount \$	Creditor Payment Address			State	Zip
Signature				Date:	
Please attach a list of other accounts you wish us to transfer.					01-2011