

Please print, complete, sign and mail to:
Landmark Credit Union, Box 510870, New Berlin WI 53151-0870.

You're worth more here.		<h2 style="margin: 0;">Credit Limit Increase Request</h2>	
Do not mail with payment.			
Applicant Name		Social Security No.	
Employer	Position	How Long	Annual Income \$
Rent/Mortgage \$	Daytime Phone	Other Income \$	Source
Co-Applicant Name		Social Security No.	
Employer	Position	How Long	Annual Income \$
Signature _____ Date _____ Requested Limit \$ _____			
Office Use Only Approved \$ _____ By _____ Date _____		We will send you a notification of increase within 7 days. For more information, please call our Credit Card Department at (262) 796-4500.	

You're worth more here.		<h2 style="margin: 0;">Balance Transfer Request</h2>	
Upon approval, please transfer the balances from my other credit cards to my Landmark <i>Ultra</i> Credit Card. (Do not send credit card bills or payments with this request.)			
Transferring Card Name (Please Print)		Transferring Account No.	
Transferring Amount \$	Payment Address	City	State Zip
Transferring Card Name		Transferring Account No.	
Transferring Amount \$	Payment Address	City	State Zip
\$ Daytime Phone	Your Name	Signature (Required)	
Cash Advance \$ _____ (Check one): <input type="checkbox"/> Mail Check or <input type="checkbox"/> Deposit to Account # _____ .		Please attach a list of other accounts you wish us to transfer.	