Please print, complete, sign and mail to:
Landmark Credit Union, Box 14308, Milwaukee WI 53214-0308.

You're worth more here.
LANDMARK CREDIT UNION

Credit Limit Increase Request

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	Daytime Phone	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.
LANDMARK CREDIT UNION

Balance Transfer Request

Upon approval, please transfer the balances from my other credit cards to my Landmark *Ultra* 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): ❑ Mail Check
or ❑ Deposit to Account #_____ .

Please attach a list of other accounts you wish us to transfer.