

Visa Platinum Rewards

CREDIT CARD APPLICATION

Check Account Type:

- ☐ Individual Account
- ☐ Joint Account
- ☐ Individual/Joint Account with Co-Signer

Check Account Choice:

- ☐ New Account
- ☐ Credit Limit Increase
- ☐ Other: _____

Check appropriate box and sign below:

- ☐ If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete the Applicant Information.
- ☐ If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in the Co-Applicant section.

Applicant X _____ Co-Applicant X _____ or Co-Signer X _____
APPLICANT ☐ CO-APPLICANT ☐ CO-SIGNER ☐ AUTHORIZED USER

Last Name	First	M.I.	Last Name	First	M.I.
Social Security Number	Date of Birth	Primary Phone	Social Security Number	Date of Birth	Primary Phone
Cell Phone	E-mail Address		Cell Phone	E-mail Address	
Street Address	City	State	Zip	How Long?	
Employer	Phone	Years Employed	Employer	Phone	Years Employed
Monthly Gross Income	Source of Additional Income †	Amount Per Month	Monthly Gross Income	Source of Additional Income †	Amount Per Month
\$		\$	\$		\$
☐ Own ☐ Rent ☐ Other	Monthly Payment		☐ Own ☐ Rent ☐ Other	Monthly Payment	
	\$			\$	
Previous Employer Information			Previous Employer Information		

SIGNATURE(S) (required) [†]You need not furnish alimony, child support, or maintenance income information if you do not want us to consider it in evaluating your application.

You certify that all information in this application is true and correct and that it is submitted to obtain credit. You agree that inquiries may be made to verify the information and that credit references or verification may be given based on inquiries from other parties. You authorize us to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension or collection of the credit received. You understand that we may report information about your account to credit bureaus and that late payments, missed payments, or other defaults may be reflected in your credit report. You understand that we will rely on the information in this application and your credit report to make our decision, subject to our credit policies. You agree to be bound by the terms and conditions of the credit card agreement.

If this application is granted, you understand that the use of the card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement and disclosures. If this is a joint application, you will be jointly and severally liable for any and all credit extended from time to time. **A condition of your account is you granting us a security interest in your deposit accounts. By signing below, you grant us a security interest in all individual and joint deposit accounts you have with us now and in the future to secure your credit card account (excluding IRA accounts and any other account that would lose special state or federal tax treatment). When you are in default, we may apply the balance in those deposit accounts to any amounts due under the cardholder agreement.**

X _____ X _____
Applicant Signature Date Co-Applicant or Co-Signer Signature Date

NOTICE TO CO-SIGNER:

You are being asked to guarantee this debt. Think carefully before you do. If the borrower does not pay the debt, you will have to. Be sure you can afford to pay if you have to and that you want to accept this responsibility. You may also have to pay up to the full amount of the debt if the borrower does not pay. You may also have to pay late fees or collection costs, which increase the debt amount. The bank can collect this debt from you without first trying to collect from the borrower. The bank can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become a part of your credit record. By signing below, you agree that you understand the responsibilities associated with co-signing this debt.

Signature X _____ Date _____

AUTHORIZED SIGNERS (Please fill out Authorized User section above)

I authorize additional cards to be issued to the authorized user named above. Authorized User Signature X _____

I understand that I will be responsible for all charges made by the authorized user. Applicant Signature X _____

Interest Rates and Interest Charges		Fees	
Annual Percentage Rate (APR) for Purchases/Balance Transfers	15.00% to 18.00%, when you open your account based on your credit worthiness. This APR will vary with the market based on the Prime Rate.	Annual Fee	\$15.00 charged on anniversary date of the card.
APR for Cash Advances	18.00%, this APR will vary with the market based on the Prime Rate.	Transaction Fees	• Cash Advance • Either \$5.00 or 3.00% of the amount of each cash advance, whichever is greater, with a maximum fee of \$15.00. • Foreign Transaction • 1.0% when a currency conversion occurs. 0.8% when a currency conversion is not performed.
How to Avoid Paying Interest on Purchases	Your due date is at least 25 days after the close of each billing cycle. Hills Bank will not charge you any interest on purchases if you pay your entire balance by the due date each month.		
Minimum Interest Charge	If you are charged interest the charge will be no less than \$0.50.	Penalty Fees	Penalty Fees
For Credit Card Tips from the Consumer Financial Protection Bureau	To learn more about factors to consider when applying for or using a credit card, visit the website of the Consumer Financial Protection Bureau at http://www.consumerfinance.gov/learnmore .	• Late Payment • Returned Payment • Returned Convenience Check Fee	• up to \$27.00 • up to \$27.00 • up to \$35.00

How we will calculate your balance: We use a method called “average daily balance (including new purchases)”.

The credit terms are accurate as of the printing of this application and are subject to change. Please submit inquiries to Hills Bank and Trust Company, PO Box 160, Hills, IA 52235-0160. Because rates and terms are subject to change, you may contact us for the current information by writing to the business reply address shown above.

Covered Members of the Armed Forces: Please call the toll-free number 1-833-419-2013 for important disclosure information

SEE NEXT PAGE to complete Picture Perfect design ID information.

Revision 09/17/2026

What's on YOUR Credit Card?

Design your own Visa® credit card with a photo of your family, friends, pets, company logo, employee head shot, or pick from one of our image galleries.



Create your own card for free at: hillsbank.com/pictureperfect



CARD IMAGE INFORMATION: (Please complete this section.)

Member FDIC

Select your design image from these options:

- ☐ Please send me the default image.
- ☐ I have uploaded my image and my Picture Perfect Design ID is _____.
(Visit hillsbank.com/pictureperfect, click on the Personal Customers tab, select the Get Started button for your card type and complete your order. The Picture Perfect design ID can be found in your confirmation email.)
- ☐ Please use gallery image ID: V (Visa) _____.
(Gallery image IDs can be found at hillsbank.com/pictureperfect)