## Joint Owner



## Add a Joint Owner

A Joint Owner is a person you add to your SKYPASS Visa® Card Account. In the case of a joint account, each Cardmember has the right to use the Account to the extent of the Account credit limit and will be liable for all credit extended under the Account. For your protection, we require your written authorization to add an individual to your Account and we require the signature and agreement of the Joint Owner. To request an addition, fax or mail this completed form back to us at the number/address noted below. Your Account terms will not change.

Primary Cardmember Name (please print as	it appears on your card): _			
SKYPASS Visa Card Account Number:				
Primary Cardmember's Total Annual Income	ə* <sup>,**</sup> :	Monthly Housing Payme	nt:	] Other
*Alimony, child support or separate mainterpaying this obligation.	enance income need no	ot be revealed if you do not wi	sh to have it considered as a bas	is for
**Include personal and, if applicable, spousal/ rental properties, etc. APPLICANTS UNDER			e wages, retirement income, investi	ments,
Primary Cardmember Signature:			Date:/	
Joint Owner Name (please print):				
First	_ Middle	Last	Suffix	
Date of Birth:	S	ocial Security Number:		
Home Phone:	C	Cell Phone:		
Street Address (No P.O. Boxes, U.S. Addres	sses only):			
City		State	Zip Code	
Mailing Address (if different than above):				
City		State	Zip Code	
Country of Citizenship:	Ema	ail Address§:		
We use email to communicate information ab informaiton will never be sent or requested u		ication and booked credit card a	ccounts. Confidential, personal or fi	nancial
Joint Owner Employment Status (Choose C	•		e Employment □ Unemployed □ Retired* □ Student □ Mi	
Work Phone Number: ()	Joint Owne	er's Current or Most Recent* C	occupation:	
Joint Owner's Total Annual Income*.**:		Monthly Housing Payment:	Own 🔲	Other
*Alimony, child support or separate mainterpaying this obligation.	enance income need no	ot be revealed if you do not wi	sh to have it considered as a bas	is for
**Include personal and, if applicable, spousal/do can include wages, retirement income, investr				
Main Source of Joint Owner's Total Annual	,			
☐ Employment Income ☐ Sale of Property ☐ Government Program ☐ Social Security				
For Wisconsin residents only: Married W Account is opened, we may give notice of the			s of their spouse below. If this cre	dit
I am:  Unmarried  Married and the na	ame of my spouse is: _			
Spouse resides at:   The address shown	above or at			

## Joint Owner



U.S. Bank National Association ("we", "us", and "our") may request consumer credit reports about you for evaluating this request and in the future for reviewing Account credit limits, for Account renewal, for servicing and collection purposes, and for other legitimate purposes associated with your Account. Upon your request, we will inform you if a consumer report was requested and, if it was, provide you with the name and address of the consumer reporting agency that furnished the report. By providing us with a telephone number for a cellular phone or other wireless device, including a number that you later convert to a cellular number, you are expressly consenting to receiving communications — including but not limited to prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system — from us and our affiliates and agents at that number. This express consent applies to each such telephone number that you provide to us now or in the future and permits such calls for non-marketing purposes. Calls and messages may incur access fees from your cellular provider.

By signing below as a Joint Owner, I understand that I will be individually and jointly liable for credit extended on this Account, and I agree that information I have provided on this form is true and correct and that I will abide by the terms of the Cardmember Agreement, which will arrive with my SKYPASS Visa Card.

Joint Owner Signature:	Date:	1	1	

**IMPORTANT INFORMATION ABOUT ADDING A NEW ACCOUNT HOLDER TO AN ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Please fax your completed form to: 1-866-568-7729 Or mail to: U.S. Bank National Association, PO Box 6352, Fargo, ND 58125-6352

