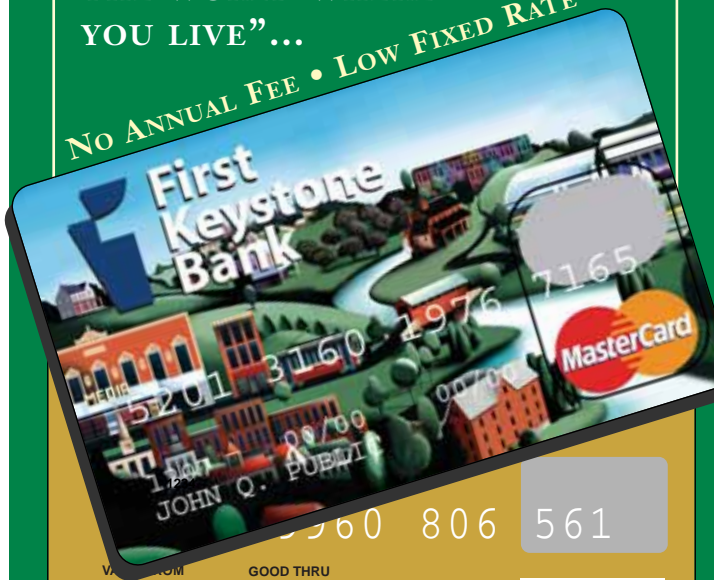


**First Keystone Bank
MasterCard & VISA Gold**

*“Charge it
on the
Brandywine.”*

FIRST KEYSTONE BANK
NOW OFFERS THE *ONLY*
MASTERCARD® THAT “SHOWS
THE WORLD WHERE
YOU LIVE”...

NO ANNUAL FEE • LOW FIXED RATE



VALID FROM 00/00 GOOD THRU 00/00 PV
JOHN Q. PUBLIC



...AND *VISA*® GOLD WITH
A HOST OF GREAT BENEFITS!

A Winning Combination — MasterCard® and VISA®Gold

FIRST KEYSTONE BANK'S "BRANDYWINE EDITION" MATERCARD OFFERS A LOW FIXED RATE



It's easy to carry the card that "shows the world where you live." Simply complete the information on the attached form to become qualified for our very own "Brandywine Edition" MasterCard. This no frills card requires NO ANNUAL FEES, provides Travel Accident Insurance, and offers an impressive 13.80% annual percentage rate. Best of all, you can transfer your unpaid balance from other cards to our MasterCard and pay just one low fixed rate. Consolidating your debts into one bill can save you time and money. Apply now!

VISA® GOLD OFFERS AN OUTSTANDING SET OF FEATURES INCLUDING:



- CREDIT LINE STARTING AT \$5,000
 - WORLDWIDE CASH ACCESS AT 158,000 VISA NETWORK ATMS IN 64 COUNTRIES AND MORE THAN 267,000 VISA MEMBER OFFICES.
 - TRAVEL ACCIDENT INSURANCE AUTOMATICALLY PROVIDES MINIMUM COVERAGE OF \$500,000 WHEN YOU CHARGE YOUR TRAVEL TICKETS ON VISA GOLD
 - EMERGENCY CARD REPLACEMENT & EMERGENCY CASH
 - AUTO RENTAL INSURANCE
 - PURCHASE SECURITY AND EXTENDED PROTECTION PROGRAM
 - EMERGENCY TRANSPORTATION ASSISTANCE, PRESCRIPTION ASSISTANCE & VALUABLE DOCUMENT DELIVERY ARRANGEMENTS
 - PRE-TRIP ASSISTANCE, EMERGENCY TICKET REPLACEMENT & LOST LUGGAGE ASSISTANCE
 - EMERGENCY TRANSLATION SERVICE
 - VISA PHONE
 - LOST/STOLEN CARD REPORTING SERVICE & TRAVELERS CHEQUE REFUND SERVICE
- ...ALL FOR A LOW ANNUAL FEE OF \$18.00 & A FIXED ANNUAL PERCENTAGE RATE OF JUST 12.60%



FIRST KEYSTONE BANK
MasterCard® /VISA® Credit Card Application



MasterCard® Brandywine Edition \$ _____ VISA® Gold \$ _____
 \$5,000 Minimum

Individual Credit: Complete Applicant Section. Complete Co-Applicant Section, Spouse, Guarantor Section: (1)if your spouse will use the account or (2) if there is a guarantor on the account: Please check box to indicate whom the information is pertaining to. **Joint Credit:** Provide information about both of you by completing both the Applicant and Co-Applicant Sections.

Note: If there are any important changes, you must notify us in writing immediately. You also agree to notify us of any changes in your name, address, or employment within a reasonable time thereafter.

Applicant Information
 (Please Print In Ink Or Type)

Co-Applicant **Spouse** **Guarantor Information**
 (Use "SAA" if Information is Same As Applicant)

Name Last First Initial _____
 Drivers License Number (state) _____ / ____ / ____
 Social Security Number () () Birth Date _____
 Business Phone Home Phone _____
 Present Address Street _____
 City State Zip _____
 Billing Address (if Different from Home) _____

Name Last First Initial _____
 Drivers License Number (state) _____ / ____ / ____
 Social Security Number () () Birth Date _____
 Business Phone Home Phone _____
 Present Address Street _____
 City State Zip _____
 Billing Address (if Different from Home) _____

Married Separated
 Unmarried (Single Divorced Widowed) circle one

Married Separated
 Unmarried (Single Divorced Widowed) circle one

List Ages of Dependents (exclude self):

List Ages of Dependents (exclude self):

Employment Information

Employment Information

Name & Address of Employer _____
 Supervisor Your Occupation _____ / ____ / ____
 Start Date Hours at work/week _____
 If self-employed, type of business _____

Name & Address of Employer _____
 Supervisor Your Occupation _____ / ____ / ____
 Start Date Hours at work/week _____
 If self-employed, type of business _____

Mother's Maiden Name (For Security Purposes) _____

Mother's Maiden Name (For Security Purposes) _____

Income Information

NOTICE: Alimony, Child Support or Separate Maintenance Information need not be revealed if you do not choose to have it considered.

Employment Income(Gross) \$ _____ per _____
Other Income \$ _____ per _____
 Source _____

Employment Income(Gross) \$ _____ per _____
Other Income \$ _____ per _____
 Source _____

Monthly Mortgage Payment \$ _____
 (inc. tax & insurance)
 Mortgage Held By _____
 Rent \$ _____

Monthly Mortgage Payment \$ _____
 (inc. tax & insurance);
 Mortgage Held By _____
 Rent \$ _____

TRANSFER BALANCES

I authorize you to transfer the balance(s) to my new First Keystone Bank Credit Card. Attached are my most recent billing statement(s) with payment address from each account listed, which you are authorized to pay off at time of issuance of my new credit card.

CREDITOR	ACCOUNT NUMBER	AMOUNT
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

You must
attach
statements

Total Transfer Amount \$ _____

Applicant Signature _____ Date / /
To Authorize Transfer Balance

CREDIT DISCLOSURE

ANNUAL PERCENTAGE RATE FOR PURCHASES	METHOD OF COMPUTING THE BALANCE FOR PURCHASES	ANNUAL MEMBERSHIP FEE	GRACE PERIOD FOR PURCHASES	FEES
13.80% Brandywine Edition* 12.60% Gold*	Average Daily Balance Method (including new purchases)	Brandywine Edition \$0 Gold \$18	25 Days Interest-Free when new balance is paid in full each month by due date. No grace period for cash advances.	Cash Advance Fee \$2 Transaction Fee: None Over-the-Limit Fee: \$10 Late Fee: \$20

Minimum payment 2% or \$15, whichever is higher.

***Interest rate subject to change with 30 days notice.**

The information about the cost of the card described in this application is accurate as of 8/2004. This information may have changed after that date. To find out what may have changed call us.

You understand that when applicable, a Personal Identification Number (PIN) may be issued. This (PIN) when validated will allow you, the co-applicant and any other authorized users, access to your First Keystone Bank Credit Card/ATM accounts through Automated Teller Machine (ATM) networks. Subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer disclosure for Credit Card/ATM Access Card. You understand that the use of your credit card will constitute acknowledgement and receipt and agreement to the terms of the Credit Card/ATM Access Card disclosures. You also promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all debts and obligations. You authorize First Keystone Bank to obtain recent reports in connection with this application for credit and for an update, or extension of the credit received. If you request, First Keystone Bank will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal offense to willfully and knowingly provide incomplete or incorrect information on MasterCard or VISA applications made to First Keystone Bank.

X _____ X _____
Applicant's Signature Date Co-Applicant's Signature Date

Please issue an additional card on my account (at no extra charge) to: _____

BANK USE
Officer Approval _____ Amount \$ _____ Date / / EQUAL OPPORTUNITY LENDER
Employee Number _____ Branch Number _____