

MILITARY STAR™ CARD ADVANTAGES



LOW INTEREST RATE! SAVES YOU MONEY.

10% OFF YOUR ENTIRE FIRST DAY'S PURCHASES. (NO LIMIT).

EXCLUSIVE PROMOTIONAL OFFERS FOR CARD MEMBERS ONLY.

NO ANNUAL FEE.

NO LATE PAYMENT FEE.

ONLINE ACCOUNT ACCESS 24/7.

EXCLUSIVE DEPLOYMENT POLICY.

ADDITIONAL CARDS™ FOR YOUR FAMILY AT NO COST.

INCREASES DIVIDENDS TO YOUR LOCAL MWR.

PAY BY ALLOTMENT* OR ONLINE 24/7.

ONE CARD FOR ALL SERVICES. MILITARY STAR™ card is your first choice in credit!

ENJOY YOUR PURCHASE WHILE YOU PAY FOR IT!

To learn more about the Exchange, shopping online and The Exchange Credit Program, log onto aafes.com, navy-nex.com, usmc-mccs.org or cg-exchange.com.

*Active Duty Service, Retired Military Members Only.

IMPORTANT DISCLOSURES REQUIRED BY LAW

Annual Percentage Rate for Purchases	As of August 2004, 9.25%. Does not apply to Military Clothing Plan purchases.
Variable Rate Information	The Annual Percentage Rate for purchases may vary each billing cycle. We will calculate the Annual Percentage Rate by adding 5.00 to the rate disclosed as the highest bank prime loan rate as published in the "Money Rates" section of The Wall Street Journal on the last business day of your previous billing cycle. However this rate will not be lower than 9%.
Grace Period for Repayment of Balances of Purchases	25 days
Minimum Finance Charge	50 cents. Does not apply to Military Clothing Plan Purchases.
Method of Computing the Balance for Purchases	Average Daily Balance
Annual Fee	None
Delinquent Administrative Collection Fee	Not to exceed \$25 per collection action and 0.5% of the total amount past due per month
Over-Limit Fee	None

The information about the cost of credit described in the application is accurate as of 07/04 when it was printed. This information may change after the printing date. To find out what may have changed, write to us at:

Military Star Customer Service Center
P.O. Box 650410
Dallas, TX 75265-0410
FAX: 214-312-2700

Privacy Act Statement: Disclosure of your social security number and other personal information is solicited by authority of Title 10, United States Code, Section 3013, 5013, 8013 and Title 49, United States Code, Sections 102 and 108. Information is used to provide a basis for approving participation in the MILITARY STAR™ program and if approved, disclosure of your account activity to a consumer reporting agency. Disclosure is voluntary, however, failure to provide this information may result in denial of participation in the MILITARY STAR™ program.

FORM 6450-2 (JUL/04)

*Item No. 752645002 CRC No. 061-8553

10% Off

your entire first day's purchases!



Apply Now! Buy Now!

Apply online at www.milexch.com. Click on Military Star at the bottom of the web-page then click on "Apply" and print out an application form and fax or mail it in. You can also apply online, by clicking on "How to Apply", go to live chat and a customer service representative will be glad to assist you.



MILITARY STAR™ CARD APPLICATION

Please complete this application in its entirety to ensure timely processing of your MILITARY STAR™ card.

Information about sponsor:

Branch*	F = Coast Guard	Status*	
A = Army	H = AAFES Employee	A = Active	Type of Plan
B = Air Force	K = Marine Exchange Employee	V = Reserve	<input type="checkbox"/> Retail
C = Navy	P = Family Member	R = Retired	<input type="checkbox"/> Military Clothing
D = Marine Corps	Y = NEXCOM Employee		(Army, Air Force, Marine Corps Only)
E = Civilian & CGEX Employee			

APPLICANT INFORMATION

*Branch of Service _____ *Status Code _____ *Pay Grade _____ *ETS/EAOS Date ____/____/____
 *Name _____ *SSN _____ - _____ - _____ *Home Phone _____
 Work Phone _____

*Mailing Address
 Address Line 1 _____
 Address Line 2 _____
 *City _____ *State _____ *Zip _____
 *Gender _____ *Bir thdate _____ *No. of Dependents _____
 E-Mail Address _____ If email is provided it will allow us to notify you of special promotions or offers. We do not sell or rent our customers' information to any outside company or organization.

FINANCIAL INFORMATION

*Checking Bank Name _____ Savings Bank Name _____
 *Monthly Salary _____ Other Monthly Income _____

SPOUSE INFORMATION

If you want additional income to be considered.
 Name _____ SSN _____ - _____ - _____
 Spouse's Monthly Income _____

**AUTHORIZATIONS

I authorize the following family members (with Exchange privileges) to use my account and agree to be responsible for all transactions made by them.

Name 1 _____	SSN _____ - _____ - _____	Military Clothing (Y/N) ***
Relationship _____	Gender ____ Birthdate _____ Card (Y/N) ____	
Name 2 _____	SSN _____ - _____ - _____	
Relationship _____	Gender ____ Birthdate _____ Card (Y/N) ____	

* This information is required to determine your eligibility for MILITARY STAR™ privileges.
 ** You may authorize family members 18 years of age and older, with current exchange privileges to use the account.
 *** For dependent use of military clothing plan.

The information furnished on this application is true and correct, to the best of my knowledge. I hereby authorize the Exchange to verify my employment and credit history, including requesting reports from credit reporting agencies and any unit of the US Government, state government, private organizations or individuals and to report to others its credit experience with me, and to use the information herein for Exchange marketing purposes. **If my account is approved, and subsequently becomes delinquent, I voluntarily and expressly consent to the maximum deduction allowable from my military or retired pay under the authority of 37 U.S.C. 1007c, DODFMR Chapter 7, or from my civilian pay under the provisions of 5 U.S.C. 5514, 31 U.S.C. 3720d, or any provisions of the Debt Collection Improvement Act for payment to the Exchange to cover the entire balance of my obligation.** I understand that use of any account in connection with this application is subject to the terms and conditions of the MILITARY STAR™ CREDIT PROGRAM AGREEMENT, a copy of which has been provided or will be sent with my credit card.

Would you like to be notified of special promotions or offers? (Y/N) _____

FOR OFFICIAL USE ONLY

APP#	Facility#

APPLICANT'S SIGNATURE

DATE