

Cosigner Statement for Credit Card Application

Date: [Insert Date]

[Cosigner's Name]

[Cosigner's Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Credit Card Issuer's Name]

[Issuer's Address]

[City, State, Zip Code]

Dear [Credit Card Issuer's Name],

I, [Cosigner's Name], hereby agree to act as a cosigner for [Applicant's Name] in their application for a credit card with [Credit Card Issuer's Name]. I understand that by cosigning, I am responsible for the debt incurred by the applicant should they fail to make the necessary payments.

I confirm that I have reviewed the terms and conditions of the credit card and accept the responsibility associated with this agreement. Please feel free to contact me at [Phone Number] or [Email Address] for any further information that may be required.

Thank you for your consideration.

Sincerely,

[Cosigner's Name]

Signature: _____