

CREDIT APPLICATION

Closed End, Secured/Unsecured Credit

IMPORTANT: Please read these directions before completing this Application and check  the appropriate box below.

FOR CREDITOR USE		TYPE OF CREDIT REQUEST	
DATE _____ CLASS NO. _____	IMPORTANT: Check <input checked="" type="checkbox"/> the appropriate boxes below and complete the applicable sections: <input type="checkbox"/> Secured <input type="checkbox"/> Individual Credit - relying solely on my income or assets <input type="checkbox"/> Unsecured <input type="checkbox"/> Individual Credit - relying on my income or assets as well as income on assets from other sources <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (Initial) _____ (Initial) _____ <span style="float: right;">Applicant    Co-Applicant</span>		
ACCOUNT NO. _____			
APPROVED <input type="checkbox"/> By _____			
DECLINED <input type="checkbox"/> By _____			
AMOUNT REQUESTED	PAYMENT DATE DESIRED	PROCEEDS OF CREDIT TO BE USED FOR	HOW LONG?
\$ _____			

**SECTION A - INFORMATION REGARDING APPLICANT**

FULL NAME (Last, First, Middle)		BIRTHDATE	D.L. #	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State & Zip)		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	RESIDENTIAL PHONE	HOW LONG AT PRESENT ADDRESS?
PREVIOUS ADDRESS (Street, City, State & Zip)		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	CELL PHONE	HOW LONG AT PREVIOUS ADDRESS?
PRESENT EMPLOYER (Company Name & Address)				
HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE	NAME OF SUPERVISOR		BUSINESS PHONE EXT
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG WITH PREVIOUS EMPLOYER?
YOUR PRESENT GROSS SALARY OR COMMISSION	YOUR PRESENT NET SALARY OR COMMISSION	NO. DEPENDENTS	AGES OF DEPENDENTS	
\$ _____ PER	\$ _____ PER			
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
OTHER INCOME	SOURCE(S) OF OTHER INCOME			
\$ _____ PER				
Is any income listed in this section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail, use separate sheet if needed.)				
Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes	Branch Office: _____ When? _____	Checking Account Number _____ Where? _____ Balance _____	Savings Account Number _____ Where? _____ Balance _____	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (include Area Code)	
VERIFICATION OF IDENTIFICATION - Borrower: *Form of Identification provided: _____ Date of Issue: _____ *Identification issued by/at: _____ *Expiration Date of ID: _____ *Identification Official Number: _____ *Identification verified through: _____ Name and address of someone who will always know your location: _____ <input type="checkbox"/> OFAC/Gov. Lists <input type="checkbox"/> Additional Documentation Attached				

**SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY**

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

FULL NAME (Last, First, Middle)		BIRTHDATE	D.L. #	SOCIAL SECURITY NO.
RELATIONSHIP TO APPLICANT (If Any)	PRESENT ADDRESS (Street, City, State & Zip)	RENT <input type="checkbox"/> OWN <input type="checkbox"/>	CELL PHONE	RESIDENTIAL PHONE
				HOW LONG AT PRESENT ADDRESS?
PRESENT EMPLOYER (Company Name & Address)				
HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE	NAME OF SUPERVISOR		BUSINESS PHONE EXT
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG WITH PREVIOUS EMPLOYER?
YOUR PRESENT GROSS SALARY OR COMMISSION	YOUR PRESENT NET SALARY OR COMMISSION	NO. DEPENDENTS	AGES OF DEPENDENTS	
\$ _____ PER	\$ _____ PER			
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
OTHER INCOME	SOURCE(S) OF OTHER INCOME			
\$ _____ PER				
Is any income listed in this section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail, use separate sheet if needed.)				
Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes	Branch Office: _____ When? _____	Checking Account Number _____ Where? _____ Balance _____	Savings Account Number _____ Where? _____ Balance _____	
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (include Area Code)	
VERIFICATION OF IDENTIFICATION - Co-Borrower: *Form of Identification provided: _____ Date of Issue: _____ *Identification issued by/at: _____ *Expiration Date of ID: _____ *Identification Official Number: _____ *Identification verified through: _____ Name and address of someone who will always know your location: _____ <input type="checkbox"/> OFAC/Gov. Lists <input type="checkbox"/> Additional Documentation Attached				

**SECTION C - MARITAL STATUS** Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

# INSURANCE DISCLOSURE - Consumer's Choice of Provider (Customer Copy)

The financial institution may not engage in any practice that would lead a consumer to believe that an extension of credit is conditional upon either:

- (1) The purchase of an insurance product or annuity from the financial institution or any of its affiliates; or
- (2) An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or
- (3) A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.

**You are free to obtain an insurance product or annuity from another source.**

## SECTION D - ASSET AND DEBT INFORMATION

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.

### ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes/No	NAME(S) OF OWNER(S)
CASH	\$		
AUTOMOBILES (Make, Model, Year)			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
CERTIFICATE OF DEPOSIT(S) (Where)			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
TOTAL ASSETS	\$		

### OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

CREDITOR	TYPE OF DEBT OR ACCT NBR	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? Yes/No
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(Omit Rent) \$	(Omit Rent) \$	\$	
TOTAL DEBTS			\$	\$	\$	

### CREDIT REFERENCES (Paid Off Accounts)

				DATE PAID OFF

MY AUTO INSURANCE AGENT IS: (Name & Address)

Are you a co-maker, endorser, or guarantor on any loan or contract?  No  Yes - For Whom? \_\_\_\_\_ To Whom? \_\_\_\_\_

Are there any unsatisfied judgements against you?  No  Yes - Amount \$ \_\_\_\_\_ If "Yes," To Whom Owed? \_\_\_\_\_

Have you been declared bankrupt in the last 14 years?  No  Yes - Where? \_\_\_\_\_ Year? \_\_\_\_\_

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet, if necessary.)

## SECTION E - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any):

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## SIGNATURES

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. It is illegal to receive credit by wrongfully stating income, assets, or other information on this form. I understand that I must update credit information at your request if my financial condition changes. By signing below I acknowledge receipt of the insurance anti-coercion disclosure.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OTHER SIGNATURE (Where Applicable) \_\_\_\_\_ DATE \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_