

CREDIT APPLICATION

TYPE OF CREDIT REQUESTED

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.

If payoff of current loan(s):

NOTE #	PAYOFF AS OF	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

- SECURED INDIVIDUAL CREDIT - relying solely on my income or assets
 UNSECURED INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources
 JOINT CREDIT

AMOUNT REQUESTED \$ _____	FOR HOW LONG _____	PAYMENT DATE DESIRED _____	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>
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Account Requested

- Individual Joint

We intend to apply for joint credit.

Applicant _____

Co-Applicant _____

SECTION A - INDIVIDUAL APPLICANT INFORMATION

My full name	Social Security number	Date of birth	Number of dependents
Street address	Apartment number	Cell#	Home phone number
City	State	Zip	Years at this address
Previous street address	City	State	Zip Years at this address
Current employer	Position or title	Monthly income \$	<input type="checkbox"/> gross <input type="checkbox"/> net
Current employer's street address	Business phone number	How long with current employer	
City	State	Zip	
Previous employer (within last 5 years)			How long with previous employer
Previous employer's street address	City	State	Zip
<input type="checkbox"/> am covered <input type="checkbox"/> am not covered by a retirement plan		In handling my account, please contact me at <input type="checkbox"/> home <input type="checkbox"/> business	
		Send statements or other communications to my <input type="checkbox"/> home <input type="checkbox"/> business	

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: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?

SECTION B - JOINT APPLICATION OR OTHER PARTY INFORMATION

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	Social Security number	Date of birth	Relationship to applicant
Street address	Home phone number	Zip	Years at this address
City	State	Zip	Years at this address
Previous street address	City	State	Zip Years at this address
Current employer	Position or title	Monthly gross income \$	
Current employer's street address	Business phone number	How long with current employer	
City	State	Zip	
Previous employer (within last 5 years)			How long with previous employer
Previous employer's street address	City	State	Zip
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			

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
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)	Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?

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 Married Separated Unmarried (including single, divorced, and widowed)
 OTHER PARTY Married Separated Unmarried (including single, divorced, and widowed)

References: name of relative(s) not living with me.

Name	Address	Phone Number
1.	1.	1.
2.	2.	2.

Everything I have stated in this application, both above and on the reverse side, 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. I have received a copy of your agreement(s) for the account(s) I am opening, and I agree to be bound by those agreements.

Applicant's signature
X

Date

Co-applicant's signature
X

Date

ASSETS OWNED

(Use separate sheet if necessary)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			\$

OUTSTANDING DEBTS

(Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes

If yes, to (Name & Address) _____ Amt. per month \$ _____

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount \$ _____

Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

Vehicle loan information: I will furnish you with proof of necessary insurance coverage. This coverage will have a loss payable clause in your favor.

Make and Model _____ Year _____ Vehicle identification number _____

Price (including trade-in) _____ Trade-in _____ Down payment _____ Balance _____ Liens (pledged)
\$ _____ \$ _____ \$ _____ \$ _____ No Yes

Seller's Name _____ Seller's phone number _____ If yes, where: _____

Insurance agent Company _____ Phone number _____ Policy number _____

Other collateral (describe) _____

Terms of Loan Commitment _____

Loan Officer Comments _____

Interviewed by _____ Approved by _____