		Financial Link®				
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SHORT FORM CREDIT APPLICATION (For Wisconsin residents only)

Date of Application

To Creditor:										
1. APPLICANT(S). C spouse or joint credit in yo Wisconsin law.									me and the name of your arital purpose debt under	
	redit. Complete I a Wisconsin re					plete Spouse Colu	mn with inform	nation about yo	ur spouse only if you are	
_	•		•	* *	-	use Columns. Both		-	· -	
	with		(NAME)			as joint appli	cant who is no	ot your spouse.	Each joint applicant must	
	separate applic married and a	Wisconsin re	esident. Only	the applicant	signs o	on page 2.			oouse Column if the joint	
2. LOAN Amount Collateral offered Cowner(s) of collate	Yes No.	If yes, desci	ribe collatera	Pι I*	urpose					
Applicant APPLICANT IN										
Applicant Name					Joint-Applicant (Joint Credit) Non-Applicant Spouse Name					
(For Wisconsin resident only) Married Unmarried No. Ages Legally Separated				Dependents (not listed by Applicant) No. Ages						
Social Security Number			se (or Stat	•		,	Date of Birth		e (or State ID Card) No.	
Driver's License (or State Changed Name on Driver's	ID Card) Name		Expiration [Date State		's License (or Sta	te ID Card) Nar	ne	Expiration Date State	
License or State ID Card in Past 5 Years No Y	es, and give Prior Na	ame			License	or State ID	Yes, and give Prio	r Name		
		E-Mail Addre	ss				Phone	E-Mail Addres	SS	
Present Address (Street, City	State & ZIP)	☐ Own ☐	Rent	No. Yrs.	Prese	nt Address (Street Ci	tv. State & ZIP)	Own	Rent No. Yrs.	
					Present Address (Street, City, State & ZIP) Own Rent No. Yrs.					
Previous Address (Street, City	y, State & ZIP)			No. Yrs.	Previo	us Address (Street, C	ity, State & ZIP		No. Yrs.	
Name & Address of Employe	·	Self Emplo		PLOYMENT on this job			vor.	Colf Employ	ed Yrs. on this job	
Name & Address of Employe	L	_ Sell Ellibio	yeu His. 0	iii tiiis job	IName	Name & Address of Employer Self Employed Yrs. on this job				
				Monthly ome \$					Gross Monthly Income \$	
Position			Busine	ess Phone	Positio	on			Business Phone	
Name of Previous Employer	L	Self Emplo	yed Yrs. o	n this job	Name	of Previous Employe	r	Self Employ	ed Yrs. on this job	
(Need not reveal income fro repaying this obligation).	om medical insura					d support and mai applicant(s) does not		such income cor	nsidered as a basis for	
Gross Monthly Income	Applicant	S	Spouse	Total		Describ	e Other Income	Source	Monthly Amount	
Overtime	\$	\$		\$		Applicant			\$	
Bonuses						Applicant				
Commissions Dividends/Interest						Spouse				
Net Rental Income]				
Other (complete section to the right to describe)										
Total (incl. base employment)	\$	\$		\$		-				
						EPARATE MAINTE				
(Need not be revealed if applicant(s) does not choose to l Kind of Income Name of Payor				f Income	Name of Payor					
Amount per Month E	inds		Amt. Past Due		Amour	nt per Month	Ends		Amt. Past Due	
\$	\$		\$				\$			
Is any listed income likely to be reduced before the credit requested is paid off? No Yes (Explain in detail on separate sheet)				Is any listed income likely to be reduced before the credit requested is paid off? No Yes (Explain in detail on separate sheet)						
				Name and Address of nearest relative not living with you						
				Ass	ete					
Assets	Amoun	nt	Ass	sets		Amount	A	ssets	Amount	
Accounts in Banks	\$		Real Estate	Owned	\$		Other A	ssets	\$	
Stocks & Bonds	\$		Retirement F	Funds	\$					
Life Insurance (Face Value)	\$		Automobiles		\$		Total As	sets	\$	

Total Assets

LIST ALL DEBTS AND OBLIGATIONS OF PERSONS IDENTIFIED IN APPLICANT AND SPOUSE COLUMNS. (Use continuation sheet to list any additional liabilities.)

 Use continuation sheet if necessary. Indicate by (*) 	int number for all outstanding those liabilities which will be sa	debts, including automobile loans, r tisfied or paid in full upon the grantir	evolving charge accounts, real estang of the extension of credit to which	te loans, alimony, child this application relates.
LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance	Credit Limit	Debtor
Creditor	\$ Payment/Months	\$	\$	
				APPLICANT SPOUSE
Creditor	\$ Payment/Months	\$	\$	APPLICANT SPOUSE
Over ditter	C Doumant/Mantha	ф.	Φ.	
Jreaitor	\$ Payment/Months	\$	\$	APPLICANT SPOUSE
2 19	A.D			
Creditor	\$ Payment/Months	\$	\$	APPLICANT SPOUSE
Creditor	\$ Payment/Months	\$	\$	APPLICANT SPOUSE
	1			
Name and Address of Creditor		\$	\$	APPLICANT SPOUSE
Name and Address of Creditor		\$	\$	APPLICANT SPOUSE
	1			
Acct. no. Alimony/Child Support/Separate Maintenance Payments Owed to:		When Payments Due	Ends	Amt. Past Due \$
TOTAL MONTHLY PAYMENTS >	\$			
is the interest of the creditor unless the credit or decree or has actual knowledge of the adort information about your account to credit be taining the credit described above, and any tabove statements are true and complete, (2) thistory or any other information, including cred by applicable law, credit experience with largree to the provisions of any rules, regulation erstand that it may be a crime punishable by	tor, prior to the time the creverse provision. Dureaus. Late payments, note that the credit granted to the authorize the creditor name redit reports (although the me to others, and to answed or agreements of the credit prior or imprisonment or in the credit property of the	edit is granted or an open-end nissed payments, or other defa e undersigned by the creditor red above, or its agents, to ver creditor may rely on these stater any questions about our creditor governing such credit. The both to knowingly make any factors are applied to the succession of the successio	credit plan is entered into, is a aults on your account may be named above, the undersigner ify them and obtain additional tements without any further ve- edit experience and other fina his application is creditor's prop	reflected in your credit d, jointly and severally, information concerning rification), to furnish, to ncial relationships with perty.
	LIABILITIES Creditor Cred	Les continuation sheet if necessary. Indicate by (*) those liabilities which will be set Monthly Payment Monthly Payment Months Creditor \$Payment/Months	LIABILITIES Months Left to Pay	LIABILITIES Months Left to Pay S Payment/Months \$ Payment/Months \$ \$ Creditor \$ Payment/Months \$ \$ \$ \$ Creditor \$ Payment/Months \$ \$ Creditor \$ Payment

Applicant Sign Here _ __ Date_ Joint-Applicant Spouse Sign Here _ _____ Date_ (Joint Credit Only) For married Wisconsin resident: The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the creditor may be required by law to give notice of this credit transaction to my spouse. _ Date Applicant _ To be Completed by Interviewer: This information was provided:
In a face-to-face interview
In a telephone interview
By the applicant and subm
By the applicant and subm Application received for Creditor by __ In a telephone interview
By the applicant and submitted by fax or mail By the applicant and submitted via e-mail or the Internet Loan Originator's Signature Date Loan Originator's Name (print or type) Loan Originator Identifier Loan Originator's Phone Number (including area code)

Loan Origination Company's Address

Loan Origination Company Identifier

Loan Origination Company's Name