## CREDIT APPLICATION IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. FOR CREDITOR USE TYPE OF CREDIT REQUESTED DATE \_\_\_\_\_ CLASS NO. \_\_\_ IMPORTANT: Check ( $\sqrt{\ }$ ) the appropriate boxes below and complete the applicable sections. ACCOUNT NO. \_\_\_\_\_ SECURED ☐ INDIVIDUAL CREDIT - relying solely on my income or assets APPROVED BY \_\_\_\_ UNSECURED INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources DECLINED BY \_\_\_\_\_ JOINT CREDIT - We intend to apply for joint credit. (initials) AMOUNT REQUESTED FOR HOW LONG PAYMENT DATE DESIRED WANT TO REPAY PROCEEDS OF LOAN TO BE USED FOR: ☐ MONTHLY **SECTION A - INDIVIDUAL APPLICANT INFORMATION** NAME (Last, First, Middle) TELEPHONE NO. DRIVER'S LICENSE NO. NO. DEPENDENTS | AGES OF DEPENDENTS BIRTHDATE SOCIAL SECURITY NO. ADDRESS (Street, City, State & Zip) COUNTY Do you 🗌 own HOW LONG or rent? PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address) COUNTY HOW LONG Did you 🗌 own or rent?

| EMPLOYER (Com   | npany Name      | & Address)         |   |  |                         |                         |                |                  |                  | HOW LONG           |  |
|---|-----------------|--------------------|---|--|-------------------------|-------------------------|----------------|------------------|------------------|--------------------|--|
| BUSINESS PHON   | IE              | Ext.               |   | TION OR TITLE  |                         | SALARY PER N            |                |                  |                  |                    |  |
|   |                 |                    |   |  | GROSS: \$               |                         | NET            | : \$             |                  |                    |  |
| PREVIOUS EMPL   | .OYER (Con      | npany Name &       | Address                                     | 5)   | -                       |                         |                |                  |                  | HOW LONG           |  |
| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO  |                 |                    |   |  |                         |                         |                |                  |                  |                    |  |
| = '   |                 | -                  |   | ncome need not be revealed if you do   |                         |                         | s a basis fo   | r repaying       | this obligation  | 1.                 |  |
| Alimony, child supp   | port, separa    | te maintenance     | e receive                                   | d under: 🗌 Court Order 🔲 Written A   | greement 🔲 Oral Und     | derstanding             |                |                  |                  |                    |  |
| 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?  Have you previously received of the credit request is paid off? |                 |                    |   |  |                         |                         |                |                  |                  |                    |  |
| □ No         □ Yes (Explain)           □ No         □ Yes - When?   |                 |                    |   |  |                         |                         |                |                  |                  |                    |  |
| Complete o  | nlv if: for ioi |                    |   | ON B - JOINT APPLICANT OF  |                         |                         |                | es in a com      | nmunity property | state.             |  |
| NAME (Last, First,  |                 |                    |   |  |                         |                         |                |                  | - 71 -1 7        |                    |  |
|   | ·····aaio)      |                    |   |  |                         |                         |                |                  |                  |                    |  |
| BIRTHDATE TELEPHONE NO.   |                 |                    |   | DRIVER'S LICENSE NO.   | SOCIAL SECURITY I       | SOCIAL SECURITY NO. NO. |                | D. DEPENDENTS AG |                  | AGES OF DEPENDENTS |  |
| / /   |                 |                    |   |  |                         |                         |                |                  |                  |                    |  |
| RELATIONSHIP T  | O APPLICA       | NT (If Any)        | PRESENT ADDRESS (Street, City, State & Zip) |  |                         |                         |                |                  | I                | HOW LONG           |  |
| EMPLOYER (Com   | npany Name      | & Address)         |   |  |                         |                         |                |                  |                  | HOW LONG           |  |
|   |                 |                    |   |  |                         |                         |                |                  |                  |                    |  |
| BUSINESS PHONE Ext.   |                 | POSIT              | TION OR TITLE                               |  | SALARY PER MONTH        |                         |                |                  |                  |                    |  |
|   |                 |                    |   |  | GROSS: \$               |                         | NET            | : \$             |                  |                    |  |
| PREVIOUS EMPL   | OVER (Con       | nnany Name &       | Addrass                                     | <u> </u>   |                         |                         |                | - +              |                  | HOW LONG           |  |
| THE VIOUS LIVII L   | .01211 (0011    | ilpariy Name a     | Addicoo                                     | ,  |                         |                         |                |                  |                  |                    |  |
| Alimony, child su   | ipport, or se   | eparate mainte     | enance i                                    | ncome need not be revealed if you de   | o not wish to have it o | considered a            | as a basis fo  | r repaying       | this obligation  | ).                 |  |
| Alimony, child supp   | port, separa    | te maintenance     | receive                                     | d under: Court Order Written A   | greement                | derstanding             |                |                  |                  |                    |  |
| SOURCES OF OTHER INCOME AMOUNT PER MONTH  |                 |                    |   |  |                         |                         |                |                  |                  |                    |  |
|   |                 |                    |   |  |                         |                         |                | \$               |                  |                    |  |
| Is any income liste   | d in this Sec   | ction likely to be | reduced                                     | d before the credit requested is paid off?   | )                       | Has Joint A             | Applicant or C | Other Party      | ever received c  | redit from us?     |  |
| □ No □ Yes (Explain) □ No □ Yes - When?   |                 |                    |   |  |                         |                         |                |                  |                  |                    |  |
|   |                 |                    |   | SECTION C - MAR  | ITAL STATUS             |                         |                |                  |                  |                    |  |
|   |                 | Comple             |   | : for joint or secured credit, or applicant operty located in such a state as a basi |                         |                         |                | ing              |                  |                    |  |
| APPLICANT   | PPLICANT        |                    |   |  |                         |                         |                |                  |                  |                    |  |
| OTHER PARTY   |                 |                    |   |  |                         |                         |                |                  |                  |                    |  |
|   |                 |                    |   |  | , , ,                   | <u> </u>                |                | ,                |                  | (page 1 of 2       |  |
|   |                 |                    |   |  |                         |                         |                |                  |                  |                    |  |

| SECTION D - ASSET & 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  |   | NAME IN WHICH THE ACCOUNT IS CA              | SUBJEC           | 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<br>(issuer, face value)   |   |  |                  |                    |                     |    |  |  |  |  |  |  |
| AUTOMOBILES<br>(make, model, year)   |   |  |                  |                    |                     |    |  |  |  |  |  |  |
| OTHER<br>(list)  |   |  |                  |                    |                     |    |  |  |  |  |  |  |
| TOTAL ASSETS   |   |  |                  |                    |                     | \$ |  |  |  |  |  |  |
| OUTSTANDING DEBTS (Include charge accounts   | , installment contracts, cre            | edit cards, rent, mortgages and other obliga | itions. U        | se separate s      | heet if necessary   | .) |  |  |  |  |  |  |
| CREDITOR   | NAME IN WHICH<br>THE ACCOUNT IS CARRIED | Al   | RIGINAL<br>MOUNT | PRESENT<br>BALANCE | MONTHLY<br>PAYMENTS |    |  |  |  |  |  |  |
| LANDLORD OR MORTGAGE HOLDER  | Rent Payment  Mortgage                  |  | (OM<br>  \$      | IT RENT)           | (OMIT RENT)         | \$ |  |  |  |  |  |  |
| AUTOMOBILES (describe)   |   |  |                  |                    |                     |    |  |  |  |  |  |  |
|  |   |  |                  |                    |                     |    |  |  |  |  |  |  |
|  |   |  |                  |                    |                     |    |  |  |  |  |  |  |
|  |   |  |                  |                    |                     |    |  |  |  |  |  |  |
|  |   |  |                  |                    |                     |    |  |  |  |  |  |  |
|  |   |  |                  |                    |                     |    |  |  |  |  |  |  |
|  |   |  |                  |                    |                     |    |  |  |  |  |  |  |
| TOTAL DEBTS  |   |  | \$               |                    | \$                  | \$ |  |  |  |  |  |  |
| ·-   | -                                       | th the Applicant and Joint Applicant or Othe | r Persor         | ı (if applicable   | e):                 |    |  |  |  |  |  |  |
| Are you obligated to make Alimony, Support or Mainte   |   |  |                  |                    |                     |    |  |  |  |  |  |  |
| If yes, to (Name & Address) Amt. per month \$ Are you a co-maker, endorser, or guarantor on any loan or contract?  \Bigcup No \Bigcup Yes  If yes, for whom? To whom? To whom?   |   |  |                  |                    |                     |    |  |  |  |  |  |  |
| Are you a co-maker, endorser, or guarantor on any loan or contract? In No In Yes If yes, to whom? It yes, to whom? Amount \$ Amount \$   |   |  |                  |                    |                     |    |  |  |  |  |  |  |
| Have you been declared bankrupt in the last 10 years?   No Yes If yes, where?  |   |  |                  |                    |                     |    |  |  |  |  |  |  |
| 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 FUL   | L NAME OF YOUR SPO                      | USE (if any).                                |                  |                    |                     |    |  |  |  |  |  |  |
| SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must provide credit information at Lender's request if my financial condition changes. |   |  |                  |                    |                     |    |  |  |  |  |  |  |