



FOR BANK USE ONLY	Rating _____	I/C _____	Initials _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	REASON FOR DENIAL _____	

CREDIT APPLICATION

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

- If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.
- If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income on assets you are relying. If the requested credit is to be secured, then complete Section E.

AMOUNT REQUESTED \$ _____	LOAN TERM _____	PURPOSE _____
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SECTION A - INFORMATION REGARDING APPLICANT

FIRST NAME	MIDDLE	LAST	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER ()	HOW LONG AT ADDRESS YRS. MOS.	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	NO. OF DEPENDENTS	
PREVIOUS HOME ADDRESS	CITY	STATE	ZIP CODE	HOW LONG AT PREVIOUS ADDRESS YRS. MOS.
PRESENT EMPLOYER	PRESENT POSITION	HOW LONG WITH EMPLOYER YRS. MOS.	GROSS MONTHLY INCOME \$	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	BUSINESS PHONE NO. ()
Income from alimony, child support or separate maintenance payments need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.		MONTHLY AMOUNT OF OTHER INCOME \$	SOURCE OF OTHER INCOME	
PREVIOUS EMPLOYER (OR SCHOOL ATTENDED)	POSITION	CITY/STATE	HOW LONG YRS. MOS.	GROSS MONTHLY INCOME \$
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS	CITY	STATE	PHONE NO. ()
Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> yes <input type="checkbox"/> no				
Explain _____				
Checking Account No. _____ Where? _____				
Savings Account No. _____ Where? _____				

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (use separate sheets if necessary)

FIRST NAME	MIDDLE	LAST	DATE OF BIRTH	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER ()	RELATIONSHIP TO APPLICANT (IF ANY)			NO. OF DEPENDENTS
PRESENT EMPLOYER	PRESENT POSITION	HOW LONG WITH EMPLOYER YRS. MOS.	GROSS MONTHLY INCOME \$	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE	BUSINESS PHONE NO. ()
Income from alimony, child support or separate maintenance payments need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.		MONTHLY AMOUNT OF OTHER INCOME \$	SOURCE OF OTHER INCOME	
PREVIOUS EMPLOYER (OR SCHOOL ATTENDED)	POSITION	CITY/STATE	HOW LONG YRS. MOS.	GROSS MONTHLY INCOME \$
Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> yes <input type="checkbox"/> no				
Explain _____				
Checking Account No. _____ Where? _____				
Savings Account No. _____ Where? _____				

SECTION C - MARITAL STATUS (do not complete if this is an Application for individual unsecured credit?)

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)

CONTINUED ON REVERSE

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Other Applicant. 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?	NAME OF OWNERS
CASH	\$		
AUTOMOBILES (Make, Model, Year)		<input type="checkbox"/> yes <input type="checkbox"/> no	
PERSONAL PROPERTY		<input type="checkbox"/> yes <input type="checkbox"/> no	
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)		<input type="checkbox"/> yes <input type="checkbox"/> no	
REAL ESTATE (Location, Date Acquired)		<input type="checkbox"/> yes <input type="checkbox"/> no	
MARKETABLE SECURITIES (Issuer, Type, Number of Shares)		<input type="checkbox"/> yes <input type="checkbox"/> no	
OTHER (List)		<input type="checkbox"/> yes <input type="checkbox"/> no	
TOTAL ASSETS	\$		

OUTSTANDING DEBTS (include installment contract, credit cards, rent, mortgages, etc., use separate sheet if necessary)

CREDITOR	TYPE OF DEBT OR ACCOUNT #	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> RENT PAYMENT <input type="checkbox"/> MORTGAGE		(Omit Rent) \$	(Omit Rent) \$	(Include Rent) \$	<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
						<input type="checkbox"/> yes <input type="checkbox"/> no
		TOTAL DEBTS	\$	\$	\$	<input type="checkbox"/> yes <input type="checkbox"/> no

Total Income: _____ Total Monthly Debt Service (\$): _____ Total Debt Ratio, Including New Loan: _____ (Gross / Net)

Collateral Value: _____

Are you a comaker, endorser, or guarantor on any loan or contract? yes no If yes: For whom? _____ To whom? _____

Are there any unsatisfied judgements against you? yes no If yes: Amount \$ _____ To whom owed? _____

Have you been declared bankrupt in the last 14 years? yes no If 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 or Auto Description _____

My Auto Insurance Agent is: (Name & Address) _____

Name and Addresses of all Co-owners of the Property _____

If the Security is Real Estate, Give the Full Name of Your Spouse (if applicable) _____

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product in connection with this extension of credit.

FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:

- My purchase of an insurance product from you or from any of your affiliates; or
- My agreement not to obtain, or a prohibition on me from obtaining, an insurance product from an unaffiliated entity. By signing below, I acknowledge that I have received a copy of this form on today's date. Unless I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

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.

Applicant's Signature

Date

Other Signature (If applicable)

Date