

## 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. \_\_\_\_\_  
 ACCOUNT NO. \_\_\_\_\_  
 APPROVED  By \_\_\_\_\_  
 DECLINED  By \_\_\_\_\_

IMPORTANT: Check the appropriate boxes below and complete the applicable sections:  
 Secured       Individual Credit - relying solely on my income or assets  
 Unsecured       Individual Credit -relying on my income or assets as well as income on assets from other sources  
 JOINT CREDIT - We intend to apply for joint credit. (Initial) \_\_\_\_\_ (Initial) \_\_\_\_\_  
Applicant      Co-Applicant

AMOUNT REQUESTED \$ _____	PAYMENT DATE DESIRED _____	PROCEEDS OF CREDIT TO BE USED FOR <input type="checkbox"/> Some or all of the proceeds will be used for post secondary education.	HOW LONG? _____
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### 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)			E-MAIL 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 \$ _____ PER	YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER	NO. DEPENDENTS	AGES OF DEPENDENTS	
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 \$ _____ PER	SOURCE(S) OF OTHER INCOME			
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: _____ 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: \_\_\_\_\_  
 OFAC/Gov. Lists  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"/>	RESIDENTIAL PHONE	HOW LONG AT PRESENT ADDRESS?
PRESENT EMPLOYER (Company Name & Address)			CELL PHONE	E-MAIL 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 \$ _____ PER	YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER	NO. DEPENDENTS	AGES OF DEPENDENTS	
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 \$ _____ PER	SOURCE(S) OF OTHER INCOME			
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: _____ 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: \_\_\_\_\_  
 OFAC/Gov. Lists  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)

**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):

\_\_\_\_\_

**INSURANCE DISCLOSURE - Consumer's Choice of Provider**

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.**

**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** \_\_\_\_\_

ACTION ON CREDIT REQUEST:  Approved;  Denied\* By (initials) \_\_\_\_\_ Comments \_\_\_\_\_

\*Denial Notice Sent: (Date) \_\_\_\_\_ By \_\_\_\_\_

**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.**