

**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 E. If the requested credit is to be secured, also complete the first part of Section C and Section D.  
 If you are applying for joint credit with another person, complete all Sections except D, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section D. We intend to apply for joint credit. (Applicant) \_\_\_\_\_ (Co-Applicant) \_\_\_\_\_  
 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 D to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section D.

AMOUNT REQUESTED \$ _____	PAYMENT DATE DESIRED _____	PROCEEDS OF CREDIT TO BE USED FOR _____
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**SECTION A - INFORMATION REGARDING APPLICANT**

FULL NAME (Last, First, Middle)	BIRTH DATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State & Zip)	SUPERVISOR DISTRICT	HOW LONG AT PRESENT ADDRESS	RESIDENTIAL PHONE

PREVIOUS ADDRESS (Street, City, State & Zip) \_\_\_\_\_ HOW LONG AT PREVIOUS ADDRESS? \_\_\_\_\_

PRESENT EMPLOYER (Company Name & Address) \_\_\_\_\_

HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE	NAME OF SUPERVISOR	BUSINESS PHONE Ext.
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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
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**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

OTHER INCOME \$ _____ PER	SOURCES OF OTHER INCOME	SOURCE OF REPAYMENT
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Is any income listed in this section likely to be reduced before the credit requested is paid off?  No  Yes (Explain) \_\_\_\_\_ DATE OF FINANCIAL STATEMENT \_\_\_\_\_

**REPAYMENT TERMS**

Have you ever received credit from us?  No  Yes - When? \_\_\_\_\_ Checking Account No. \_\_\_\_\_ Where? \_\_\_\_\_ Savings Account No. \_\_\_\_\_ Where? \_\_\_\_\_

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE NO. (include Area Code) \_\_\_\_\_

MY INSURANCE AGENT IS (Name & Address) \_\_\_\_\_ INSURANCE REQUIRED  INSURANCE NOT REQUIRED

Are you a co-maker, endorser, or Guarantor on any Loan or Contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom?	to Whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$	If "Yes" To Whom Owed?
Have you been declared bankrupt in the last 14 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Where?	Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.) \_\_\_\_\_

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

FULL NAME (Last, First, Middle)	BIRTH DATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
RELATIONSHIP TO APPLICANT (if Any)	PRESENT ADDRESS (Street, City, State & Zip)	RESIDENTIAL PHONE	HOW LONG AT PRESENT ADDR

PRESENT EMPLOYER (Company Name & Address) \_\_\_\_\_

HOW LONG WITH PRESENT EMPLOYER?	POSITION OR TITLE	NAME OF SUPERVISOR	BUSINESS PHONE Ext.
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PREVIOUS EMPLOYER (Company Name & Address) \_\_\_\_\_

PRESENT GROSS SALARY OR COMMISSION \$ _____ PER	PRESENT NET SALARY OR COMMISSION \$ _____ PER	NO. DEPENDENTS	AGES OF DEPENDENTS	HOW LONG WITH PREVIOUS EMPLOYER?
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**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

OTHER INCOME \$ _____ PER	SOURCES OF OTHER INCOME	SOURCE OF REPAYMENT
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Is any income listed in this section likely to be reduced before the credit requested is paid off?  No  Yes (Explain) \_\_\_\_\_

Has Joint Applicant or Other Party ever received credit from us?  No  Yes - When? \_\_\_\_\_ Checking Account No. \_\_\_\_\_ Where? \_\_\_\_\_ Savings Account No. \_\_\_\_\_ Where? \_\_\_\_\_

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE NO. (include Area Code) \_\_\_\_\_

Are you a co-maker, endorser or Guarantor on any Loan or Contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom?	to Whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$	If "Yes" To Whom Owed?
Owed? Have you been declared bankrupt in the last 14 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Where?	Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.) \_\_\_\_\_

**SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)**

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

**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: (Where Applicable) \_\_\_\_\_ DATE \_\_\_\_\_



## OFFICER'S WORKSHEET

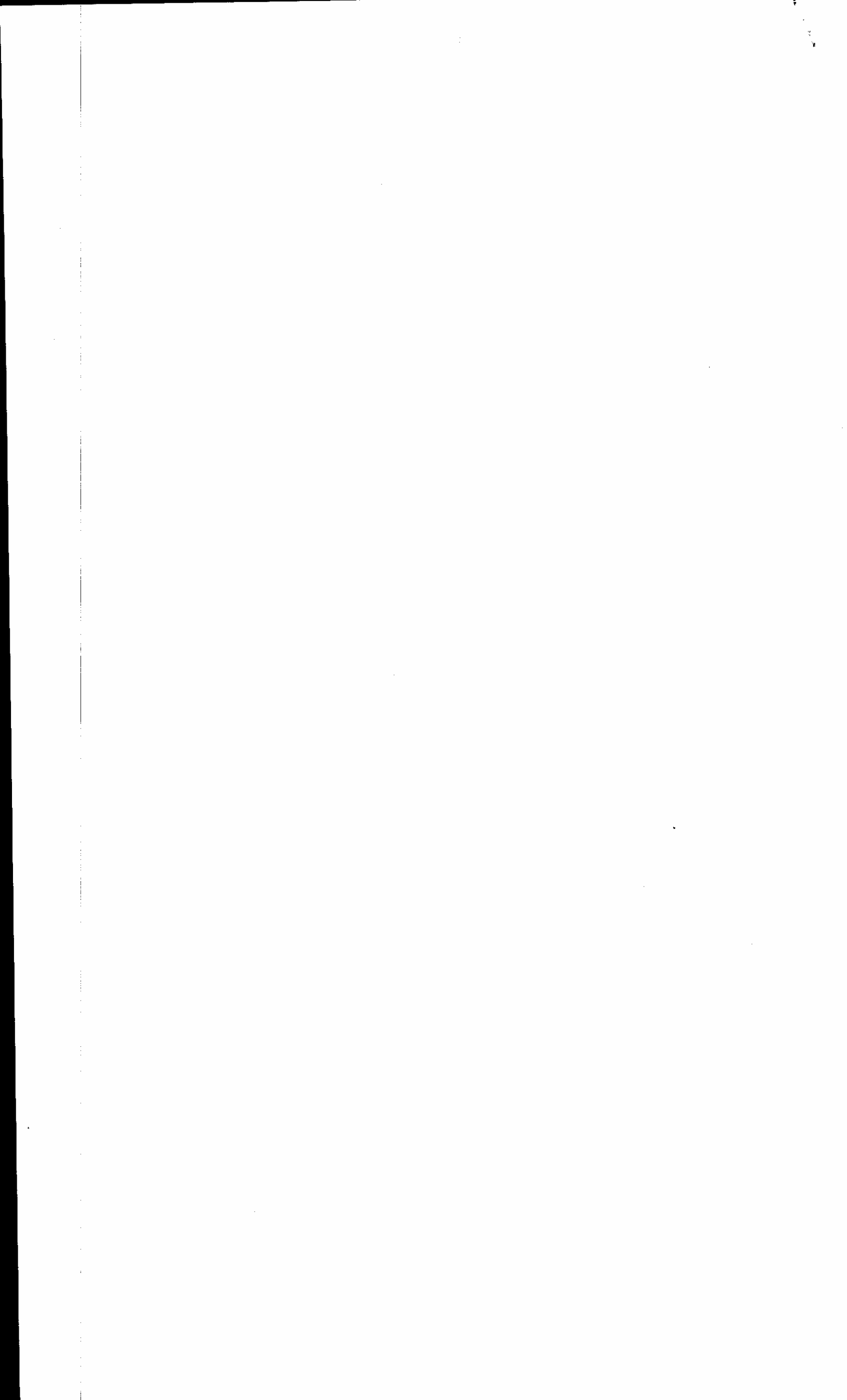
**CREDITOR Verification:**

Creditor and Who Provided Information	Date Started	Original Bal.	Present Bal.	Payment	Mos. Left to Pay	Comments

Total net monthly income from all sources	\$ _____	REASON FOR TURN DOWN OR REPAYMENT TERMS
Less rent or mortgage payments, including taxes and insurance	\$ _____	
Less payments on all debts not being consolidated	\$ _____	
Less payment on this proposed loan	\$ _____	
Amount left for all living expenses	\$ _____	

<b>TYPE OF LOAN</b> Rule of 78ths Installment # of Payments _____ Not to Exceed 60	<input type="checkbox"/> Balloon <input type="checkbox"/> Single Pay	Authorized # of Payments _____
Date of Loan _____	1st Payment Date _____	INTEREST RATE _____
Other Terms (If Applicable) _____	<input type="checkbox"/> VARIABLE	BASE RATE _____ INDEX _____
Maturity Date _____	Amount \$ _____	WILL CHARGE: <input type="checkbox"/> Increase Payment Amount    May Change _____ <input type="checkbox"/> Increase Amount Due at Maturity    Maximum Rate _____ <input type="checkbox"/> Increase Number of Payments    Minimum Rate _____ Points _____    Post Maturity Interest: _____ <input type="checkbox"/> Above <input type="checkbox"/> Under
CREDIT LIFE INSURANCE - <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> No Insurance <input type="checkbox"/> Single Life and A & H <input type="checkbox"/> Joint Life and A & H	LOAN NAME _____	TOTAL LOANS AT _____ Before _____ After _____ Deposits _____ Principal Reduction _____ Interest _____
PROCEEDS TO - _____ \$ _____ _____ \$ _____ _____ \$ _____ ATTORNEY'S FEES - _____ \$ _____	I hereby authorize _____ to debit my Account # _____ _____ SIGNATURE	OFFICER APPROVAL _____

**NOTES:**



LENDER

## CREDIT APPLICATION INSURANCE DISCLOSURE

Name of Applicant(s)

You have applied for a loan with Lender. In connection with your application, Lender may solicit, offer or sell you an insurance product or annuity. This notice is given to advise you of information related to any insurance product or annuity that is offered, solicited or sold in connection with your loan application and available on a voluntary basis through the Lender. **PLEASE READ CAREFULLY BEFORE SIGNING THIS NOTICE.**

**THE PURCHASE OF ANY INSURANCE PRODUCT OR ANNUITY THROUGH THE LENDER IN CONNECTION WITH AN EXTENSION OF CREDIT IS NOT REQUIRED. IT IS STRICTLY VOLUNTARY AND IS NOT A FACTOR IN OBTAINING CREDIT. FOR EXAMPLE:**

**THE LENDER MAY NOT CONDITION A LOAN OR OTHER EXTENSION OF CREDIT ON EITHER:**

- 1. YOUR PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM THE LENDER OR ANY OF ITS AFFILIATES, OR**
- 2. YOUR AGREEMENT NOT TO OBTAIN, OR PROHIBITION BY US AGAINST YOU OBTAINING AN INSURANCE PRODUCT OR ANNUITY FROM AN ENTITY NOT AFFILIATED WITH THE LENDER.**

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED AN ORAL DISCLOSURE OF THE DISCLOSURES CONTAINED IN THIS NOTICE AND THAT YOU HAVE BEEN FURNISHED WITH A COPY OF THIS NOTICE AND UNDERSTAND ITS TERMS.

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

\_\_\_\_\_ Date

### For Telephone Applications Only:

As an authorized representative of Lender, I confirm that I have made the above Credit Application Insurance Disclosures orally to the Applicant(s) and that the receipt of the oral disclosures were acknowledged orally by the Applicant(s). I also confirm that I have mailed to the Applicant(s) the above Credit Application Insurance Disclosures within three (3) days beginning the first business day after the application is taken, excluding Sunday and federal public holidays.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date:

