

**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. _____	IMPORTANT: Check <input checked="" type="checkbox"/> the appropriate boxes below and complete the applicable sections: <input type="checkbox"/> Secured <input type="checkbox"/> Individual Credit - relying solely on my income or assets <input type="checkbox"/> Unsecured <input type="checkbox"/> Individual Credit - relying on my income or assets as well as income on assets from other sources <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (Initial) _____ (Initial) _____ <span style="float: right;">Applicant _____ Co-Applicant _____</span>		
APPROVED <input type="checkbox"/> By _____			
DECLINED <input type="checkbox"/> By _____			
AMOUNT REQUESTED \$ _____	PAYMENT DATE DESIRED _____	PROCEEDS OF CREDIT TO BE USED FOR _____	HOW LONG? _____

**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"/>		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
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 necessary)				
Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	Checking Account Number _____ Where? _____ Balance _____		Savings Account Number _____ Where? _____ Balance _____	
OFFICE: 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)				
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 necessary)				
Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	Checking Account Number _____ Where? _____ Balance _____		Savings Account Number _____ Where? _____ Balance _____	
OFFICE: 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)

