

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:		
ACCOUNT NO _____	<input type="checkbox"/> Secured	<input type="checkbox"/> Individual Credit - relying solely on my income or assets	
APPROVED - <input type="checkbox"/> By _____	<input type="checkbox"/> Unsecured	<input type="checkbox"/> Individual Credit - relying on my income or assets as well as income on assets from other sources	
DECLINED <input type="checkbox"/> By _____	<input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (Initial) _____ (Initial) _____		<input type="checkbox"/> Co-Applicant
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"/>	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 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:		RELATIONSHIP		TELEPHONE NO. (include Area Code)
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)		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	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 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:		RELATIONSHIP		TELEPHONE NO. (include Area Code)
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

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NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

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IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any):

**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.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OTHER SIGNATURE (Where Applicable) \_\_\_\_\_ DATE \_\_\_\_\_