

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 DECLINED

IMPORTANT: Check the appropriate boxes below and complete the applicable sections: Secured Unsecured Individual Credit

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 PREVIOUS ADDRESS PRESENT EMPLOYER

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 PRESENT ADDRESS PREVIOUS EMPLOYER

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 OTHER PARTY Married Separated Unmarried

# 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.**

## 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):

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## 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** \_\_\_\_\_