

CREDIT APPLICATION

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 D. If the requested credit is to be secured, also complete the first part of Section C and Section E.
- If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E. We intend to apply for joint credit. Applicant _____ Co-Applicant _____
- If you are applying for individual credit, but are relying on income 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 E 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 E.

AMOUNT OF LOAN REQUESTED \$	PAYMENT DATE OR ARRANGEMENTS DESIRED	PROCEEDS OF CREDIT TO BE USED FOR:
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SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle)	HOME PHONE	CELL PHONE	BIRTH DATE	DRIVERS LICENSE NUMBER	SOCIAL SECURITY NUMBER
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PRESENT STREET ADDRESS	CITY/STATE	ZIP	How long at this address?
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PREVIOUS STREET ADDRESS	CITY/STATE	ZIP	How long at previous address?
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PRESENT EMPLOYER-NAME AND ADDRESS

POSITION/TITLE	YEARS EMPLOYED	NAME OF SUPERVISOR	BUSINESS PHONE	EXT.
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PREVIOUS EMPLOYER-NAME AND ADDRESS

PRESENT SALARY/COMMISSION \$ PER	NO. OF DEPENDENTS	LIST DEPENDENTS BY AGE
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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 OR SEPARATE MAINTENANCE UNDER: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ PER	SOURCE(S) OF OTHER INCOME
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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)

HAVE YOU EVER RECEIVED A LOAN FROM US?

NO YES - WHEN?

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	CHECKING ACCOUNT NO. SAVINGS ACCOUNT NO.	INSTITUTION NAME: INSTITUTION NAME:	RELATIONSHIP	TELEPHONE NO. (include area code)
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SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheet if necessary.)

FULL NAME (Last, First, Middle)	RELATIONSHIP TO APPLICANT (if any)	BIRTH DATE	DRIVERS LICENSE NUMBER	SOCIAL SECURITY NUMBER
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PRESENT STREET ADDRESS	CITY/STATE	ZIP	How long at this address?
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PRESENT EMPLOYER-NAME AND ADDRESS

POSITION/TITLE	YEARS EMPLOYED	NAME OF SUPERVISOR	BUSINESS PHONE	EXT.
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PREVIOUS EMPLOYER-NAME AND ADDRESS

PRESENT SALARY/COMMISSION \$ PER	NO. OF DEPENDENTS	LIST DEPENDENTS BY AGE
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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 OR SEPARATE MAINTENANCE UNDER: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ PER	SOURCE(S) OF OTHER INCOME
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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 A LOAN FROM US?

NO YES - WHEN?

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	CHECKING ACCOUNT NO. SAVINGS ACCOUNT NO.	INSTITUTION NAME: INSTITUTION NAME:	RELATIONSHIP	TELEPHONE NO. (include area code)
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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)

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.)

Table with 4 columns: DESCRIPTION OF ASSETS, ESTIMATED VALUE, SUBJECT TO DEBT? YES/NO, NAME(S) OF OWNER(S). Rows include CASH ON HAND AND ON DEPOSIT IN BANKS, DEPOSITS WITH SAVINGS AND LOANS AND CREDIT UNIONS, AUTOMOBILES (make, model, year), CASH VALUE OF LIFE INSURANCE (issuer, face value), REAL ESTATE (location, date acquired), MARKETABLE SECURITIES (issuer, type, number of shares), OTHER ASSETS, and TOTAL ASSETS.

AUTO INSURANCE AGENT'S NAME AND ADDRESS

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)

Table with 7 columns: CREDITOR, TYPE OF DEBT OR ACCOUNT NUMBER, NAME IN WHICH ACCOUNT IS CARRIED, ORIGINAL DEBT, PRESENT BALANCE, MONTHLY PAYMENTS, PAST DUE? YES/NO. Includes checkboxes for Rent Payment and Mortgage, and VISA/Mastercard options.

CREDIT REFERENCES (paid accounts)

Table with 5 columns: CREDITOR, TYPE OF DEBT OR ACCOUNT NUMBER, NAME IN WHICH ACCOUNT IS CARRIED, ORIGINAL DEBT, DATE PAID.

ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOANS OR CONTRACTS?

NO YES - FOR WHOM? TO WHOM?

ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU? IF "YES", TO WHOM OWED?

NO YES - AMOUNT? IF "YES", TO WHOM OWED?

HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST 10 YEARS? YEAR?

NO YES - WHERE? YEAR?

OTHER OBLIGATIONS (example: liability to pay alimony, child support, separate maintenance, etc. 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 collateral security.

DESCRIPTION OF PROPOSED COLLATERAL

LIST NAMES AND ADDRESSES OF ALL CO-OWNERS OF THE PROPOSED COLLATERAL

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

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