



CREDIT APPLICATION

TYPE OF CREDIT REQUESTED

IMPORTANT: Check (✓) 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 or assets from other sources |
| <input type="checkbox"/> JOINT CREDIT | |

FOR CREDITOR USE

Date: _____ CLASS NO. _____
ACCOUNT # _____
Approved By _____
Declined By _____

AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR:
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SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)			COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)			COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH GROSS:\$ NET:\$		
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (Include Area Code)		
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					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)			Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes-When?		

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

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.

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (If Any)		PRESENT ADDRESS (Street, City, State & Zip)			HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH GROSS:\$ NET:\$		
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
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					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)			Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes-When?		

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 & DEBIT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person.

ASSETS OWNED (Use separate sheet if necessary.)			
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			

OUTSTANDING DEBTS (Include charge accounts, installment contract, credit cards, rent mortgages and other obligations. Use separate sheet if necessary.)					
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER FAMILY HOME	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT)	(OMIT RENT)	
AUTOMOBILES (describe)					
TOTAL DEBITS					

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amt. per month: _____

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount: _____

Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

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). _____

SIGNATURES ➔ I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history. 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 _____

Dear Valued Customer: Please fill out as much information as you can, then print the form and come in or fax it to the above fax number for processing OR come by any of our branches. Please furnish a phone number for someone to contact you. Thank You.