

CREDIT APPLICATION

TYPE OF CREDIT REQUESTED

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.
 SECURED INDIVIDUAL CREDIT – relying solely on my income or assets
 UNSECURED INDIVIDUAL CREDIT – relying on my income or assets as well as income or assets from other sources

FOR CREDITOR USE

DATE _____ Class No. _____
 Account No. _____
 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)			COUNTY	DO YOU <input type="checkbox"/> own or <input type="checkbox"/> rent	HOW LONG
EMPLOYER (Company Name and Address)					HOW LONG
BUSINESS PHONE	EXT.	POSITION OR TITLE		GROSS: \$	SALARY PER MONTH NET: \$
PREVIOUS EMPLOYER (Company Name and Address)					HOW LONG
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING YOU		RELATIONSHIP		TELEPHONE NUMBER (Include Area Code)	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish 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 Agreement					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit 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 – OTHER PARTY INFORMATION

Complete only if: 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 and Address)					HOW LONG
BUSINESS PHONE	EXT.	POSITION OR TITLE		GROSS: \$	SALARY PER MONTH NET: \$
PREVIOUS EMPLOYER (Company Name and Address)					HOW LONG
Alimony, child support, or separate maintenance income need not be revealed if you do not wish 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 Agreement					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit 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 secured credit, or applicant resides in a community property state or is relying on property located in such a state as basis of repayment of the credit requested.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced or widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced or widowed)

SECTION D – ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the 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	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 (Including charge accounts, installment contracts, 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	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(Omit Rent) \$	(Omit Rent) \$	\$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

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

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amount 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
NAME AND 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 and to answer questions others may ask about my credit record with you. 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