

CHECK BOX FOR JOINT ACCOUNT: If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Part III, below, about the Joint Applicant or user.
We intend to apply for Joint Credit.

Applicant

Co-Applicant

CREDIT APPLICATION

IMPORTANT: Lender/Dealer Must Complete Part I Before Applicant Completes Application.

CHECK APPLICABLE BOX		<input type="checkbox"/> INDIVIDUAL ACCOUNT-SECURED <input type="checkbox"/> INDIVIDUAL ACCOUNT-UNSECURED <input type="checkbox"/> JOINT ACCOUNT		<input type="checkbox"/> AUTHORIZED USER <input type="checkbox"/> INDIVIDUAL ACCOUNT (RELYING ON INCOME OF SPOUSE OR OTHER PERSON)	
DATE	AMOUNT REQUESTED	TERM	PAYMENT DATE DESIRED	PROCEEDS OF LOAN TO BE USED FOR	

APPLICANT INSTRUCTIONS - PERSONAL Part II Must Be Completely Filled in Except For Shaded Areas Which Are Optional.

TITLE OPTIONAL	<input type="checkbox"/> MS. <input type="checkbox"/> MR.	<input type="checkbox"/> MISS <input type="checkbox"/> MRS.	NAME	LAST	FIRST	MIDDLE	NO. OF DEP.	DATE OF BIRTH
ADDRESS	NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	YEARS	SOCIAL SECURITY NO.	
FORMER ADDRESS	NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	YEARS	RESIDENCE PHONE	

ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, DESCRIBE IMMIGRATION STATUS	DO NOT COMPLETE IF THIS APPLICATION IS FOR INDIVIDUAL UNSECURED CREDIT.	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (INC. SINGLE, DIVORCED, WIDOWED)	<input type="checkbox"/> SEPARATED
---	------------------------------------	---	---	------------------------------------

YOUR JOB	PRESENT EMPLOYER	POSITION	NO. YEARS THERE	WAGES \$	WEEKLY BI-WEEKLY MONTHLY
ADDRESS	NO. & STREET	CITY	STATE	ZIP CODE	BADGE NO. BUSINESS PHONE
FORMER EMPLOYER (IF LESS THAN 3 YEARS)	ADDRESS				

OPTIONAL INCOME	Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.	VERIFICATION REQUIRED <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY	<input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY	SOURCE
-----------------	---	---	---	--------

ADDITIONAL INCOME	INVESTMENT INCOME \$	<input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY	<input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> ANNUALLY	SOURCE
FINANCIAL	CHECKING — BANK	BRANCH	SAVINGS — BANK	BRANCH

DEBTS — LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE INDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT.					
USE EXTRA SHEET IF NECESSARY	CREDITOR	MONTHLY PAYMENT	PRESENT BALANCE	CREDITOR	MONTHLY PAYMENT PRESENT BALANCE
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> RENT <input type="checkbox"/> OWN				
1				4	
AUTO — LIENHOLDER					
2				5	
3				6	
OTHER OBLIGATIONS	NO. OF DEPENDENTS AND AGES	TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$			

CREDIT REFERENCES	1	3
	2	4

PREVIOUS CREDIT	I HAVE RECEIVED CREDIT IN THE PAST WHILE USING THE FOLLOWING NAME	NAME	CREDITOR	YEAR
-----------------	---	------	----------	------

ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" FOR WHOM?	TO WHOM?
--	--	--------------------	----------

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OMIT IF MORE THAN 7 YEARS	AMOUNT \$	IF "YES" TO WHOM OWED?
--	--	---------------------------	-----------	------------------------

WERE YOU EVER BANKRUPT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OMIT IF MORE THAN 10 YEARS	IF "YES" WHERE?	YEAR
-------------------------	--	----------------------------	-----------------	------

NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU	ADDRESS	PHONE
--	---------	-------

DESCRIPTION OF PROPERTY SECURING CREDIT (IF APPLICABLE)

PART I

PART II

Co-Applicant/User Instructions Must Be Completely Filled-In Except for Shaded Areas Which Are Optional.

TITLE OPTIONAL	<input type="checkbox"/> MS. <input type="checkbox"/> MR.	<input type="checkbox"/> MISS <input type="checkbox"/> MRS.	NAME	LAST	FIRST	MIDDLE	NO. OF DEP.	DATE OF BIRTH
ADDRESS	NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	YEARS	SOCIAL SECURITY NO.	
FORMER ADDRESS	NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	YEARS	RESIDENCE PHONE	
YOUR JOB	PRESENT EMPLOYER	POSITION	NO. YEARS THERE			WAGES \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	
ADDRESS	NO. & STREET	CITY	STATE	ZIP CODE	BADGE NO.	BUSINESS PHONE		
FORMER EMPLOYER (IF LESS THAN 3 YEARS)					ADDRESS			

OPTIONAL INCOME: Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit. \$ _____

VERIFICATION REQUIRED: MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

ADDITIONAL INCOME

INVESTMENT INCOME \$ MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY SOURCE

FINANCIAL CHECKING — BANK BRANCH SAVINGS — BANK BRANCH

DEBTS - LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE INDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT. USE EXTRA SHEET IF NECESSARY

USE EXTRA SHEET IF NECESSARY	CREDITOR	RENT OWN	MONTHLY PAYMENT	PRESENT BALANCE	CREDITOR	MONTHLY PAYMENT	PRESENT BALANCE
1	LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/>					
2	AUTO - LIENHOLDER						
3							
OTHER OBLIGATIONS		NO. OF DEPENDENTS AND AGES	TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$				
CREDIT REFERENCES				1	3		
				2	4		

PREVIOUS CREDIT: I HAVE RECEIVED CREDIT IN THE PAST WHILE USING THE FOLLOWING NAME

PREVIOUS CREDIT	NAME	CREDITOR	YEAR
1			
2			

ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT? YES NO IF "YES" FOR WHOM? TO WHOM?

ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU? YES NO OMIT IF MORE THAN 7 YEARS AMOUNT \$ IF "YES" TO WHOM OWED?

WERE YOU EVER BANKRUPT? YES NO OMIT IF MORE THAN 10 YEARS IF "YES" WHERE? YEAR

CREDIT INQUIRIES

I/WE AUTHORIZE the Lender to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish to the Lender any information it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended.

I am/We are hereby notified that a consumer report may be requested in connection with this credit application. If I/we request, I/we will be informed whether or not a consumer report was requested, and if such report was requested, I/we will be informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit.

All information set forth in this application is declared to be a true representation of facts for the purpose of obtaining the credit requested and any willful misrepresentation on this application could result in criminal action.

NOTICE TO GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you, as a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial *directly* to the primary applicant(s) and not to you.

As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor.

By completing and submitting this application as guarantor, you are authorizing the Lender to share the specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

IMPORTANT: THIS APPLICATION MUST BE SIGNED AND DATED BELOW, BEFORE IT CAN BE PROCESSED.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT	DATE
------------------------	------	---------------------------	------

COMPLETED BY LENDER:

Identification: _____

PART III (continued)