



CREDIT APPLICATION

IMPORTANT: Read these Directions before completing this Application

Check
Appropriate
Box

- If you are applying for individual credit in your own name and you are relying on alimony, child support, or separate maintenance payments or the income or assets of another person as the basis for repayment of the credit requested, complete Section A, B, C and D. If the request is to be secured, also complete Section E.
- If you are applying for credit in your own name and you are not relying on alimony, child support or separate maintenance payments or the income or assets of another person as the basis for repayment of the credit requested, complete only Section A, C and D. If the request is to be secured, also complete Section E.
- If you are applying for joint credit, complete Sections A, B, C, and D. If the request is to be secured, also complete Section E.

Amount Requested \$	Payment Date Desired	Proceeds of Credit To Be Used For
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Section A - Information Regarding Applicant

Full Name (Last, First, Middle)			Birthdate		
Present Street Address			Years There		
City		State		Zip	Telephone
Social Security No.			Driver's License No.		
Previous Street Address			Years There		
City		State		Zip	Telephone
Present Employer			Years There		Telephone
Position or Title			Name of Supervisor		
Employer's Address					
Previous Employer				Years There	
Previous Employer's Address					
Present gross salary or commission: \$		per month/annum		No. Dependents:	Ages:
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					
Other Income: \$		per	Source(s) of other income:		
Is any income listed in this Section likely to be reduced in the next two years or before the credit request is paid off? <input type="checkbox"/> Yes (Explain in detail on a separate sheet.) <input type="checkbox"/> No					
Have you ever received credit from us?		When?		Office:	
Checking Account No.			Institution and Branch:		
Savings Account No.			Institution and Branch:		
Name of nearest relative not living with you:				Telephone	
Relationship:		Address			

Section B - Information Regarding Joint Applicant, User, Or Other Party (Use separate sheets if necessary)

Full Name (Last, First, Middle)			Birthdate		Relationship
Present Street Address			Years There		
City		State		Zip	Telephone
Social Security No.			Driver's License No.		
Present Employer			Years There		Telephone
Position or Title			Name of Supervisor		
Employer's Address					
Previous Employer				Years There	
Previous Employer's Address					

Section B - Continued

Present gross salary or commission: \$ _____ per month/annum No. Dependents: _____ Ages: _____

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.

Other Income: \$ _____ per _____ Source(s) of other income: _____

Is any income listed in this Section likely to be reduced in the next two years or before the credit request is paid off?

Yes (Explain in detail on a separate sheet.) No

Checking Account No. _____ Institution and Branch: _____

Savings Account No. _____ Institution and Branch: _____

Name of nearest relative not living with you: _____ Telephone _____

Relationship: _____ Address _____

Section C - Marital Status

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 Spouse, Joint Applicant, User, 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	\$ _____		
Automobile (Make, Model, Year)			
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. No.	Name in which Acct. Carried	Original Debt	Present Balance	Monthly Payments	Past Due? Yes/No
1. (Landlord or Mortgage Holder)			\$ _____	\$ _____	\$ _____	
2.						
3.						
Total Debts			\$ _____	\$ _____	\$ _____	

Credit References _____ Date Paid _____

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 Amount \$ _____ If "yes" to whom owed? _____

Have you been declared bankrupt in the last 14 years? Yes No If "yes" where? _____ Year _____

Other Obligations - (E.g., 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:

and list names and addresses of all co-owners of the property: Name _____ Address _____

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 _____

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

.....
Consumer

.....
Date

.....
Consumer

.....
Date

PERSONAL CASH FLOW STATEMENT

Name: _____

Date: _____

INCOME**

Salaries: Gross _____ Net _____ (Check One)

Interest _____

Dividends _____

Rental _____

Other Income (Source _____) _____

TOTAL INCOME _____

EXPENSES

Rent(Excluding Mortgage Payments) _____

Utilities, Phone _____

Groceries, Personal Items _____

Gas, Servicing on Automobiles _____

Income Taxes (Total Paid-Gross Salaries only) _____

Insurance (Auto, Home, Health, Life) _____

Property Taxes (If not in Escrow) _____

Other Living Expenses _____

Total Living Expenses ()

Cash Available for Debt Services _____

Existing Debt Services (Principal & Interest)

Mortgage Payment _____

Vehicle Payments _____

Credit Card Payments _____

Other Loan Payments _____

Total Existing Debt Services ()

Excess Cash Before New Request _____

Debt Services on New Request ()

Excess (Deficit) Cash

\$ _____

****Notice:** Alimony, child support, or separate maintenance income need not be revealed if the Borrower does not choose to have it considered for repaying this loan.