

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:
☐ Married ☐ Separated ☐ Unmarried (Includes Single, Divorced and Widowed)
2. Married applicants can apply for an individual loan. Indicate if You want an:
☐ Individual Loan ☐ Joint Loan with Your Spouse/Co-Applicant
3. Method of Payment:
☐ Payroll Deduction ☐ Automatic Share Transfer ☐ Cash Payment
4. Frequency of Payment: ☐ Monthly ☐ Other _____

Spouse/Co-Applicant Information

5. Complete Spouse/Co-Applicant Information only if:
a. This is for a joint account with Your Spouse or other Co-Applicant.
b. Your Spouse will use Your Account.
c. You are relying on Your Spouse's income as a source of repayment for the credit requested.
d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico).
6. Definitions:
Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We", "Us", and "Our" refer to the Lender.

Open-End Credit Applied For:

- ☐ Signature Line of Credit - Limit Desired \$ _____
- ☐ _____ - Limit Desired \$ _____
- ☐ _____ - Limit Desired \$ _____
- ☐ _____ - Limit Desired \$ _____
- ☐ Other _____

Closed-End Credit Applied For:

Type: ☐ New Auto ☐ Used Auto ☐ Signature
☐ Other (specify) _____

Amount Requested \$ _____ Length of Repayment Mos. _____

Purpose _____

Collateral Offered _____

APPLICANT OR CO-SIGNER

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)
CITY	STATE	ZIP
COUNTY	TOWNSHIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEPENDENTS AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)
CITY	STATE	ZIP
COUNTY	TOWNSHIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEPENDENTS AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

EMPLOYMENT AND INCOME If self-employed or retired, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS

OTHER INCOME You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE OF OTHER INCOME	MONTHLY AMOUNT
\$	
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
\$	
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR - MAKE - MODEL		BALANCE OWED		
		\$		
CAR 2 - YR - MAKE - MODEL		BALANCE OWED		
		\$		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	
		\$	\$	

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR - MAKE - MODEL		BALANCE OWED		
		\$		
CAR 2 - YR - MAKE - MODEL		BALANCE OWED		
		\$		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	
		\$	\$	

CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

A = Applicant C = Spouse/Co-Applicant
D = Debts to be paid off if loan is granted

PLEASE CHECK A C D	OBLIGATIONS	LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS AND CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

Please answer the following questions.

If a yes answer is given, explain on an attached sheet.

	A		C			TOTALS		\$	\$
	Yes	No	Yes	No					
1. Have You filed a petition for bankruptcy in the last 14 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Check: A = Applicant C = Spouse/Co-Applicant				
2. Have You ever had any auto, furniture or property repossessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have You any obligations not listed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do You have any past due bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have You ever had credit in any other name? What Name _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is any income You have listed likely to reduce in the next two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have You any suits pending, judgments filed, alimony or support awards against You?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____				

OPTIONAL CREDIT INSURANCE

Credit Life and/or Credit Disability Insurance are not required to obtain credit under this plan and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The insurance rates for Credit Line Accounts are shown below. For Credit Line Accounts, the insurance charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the rate shown. For Closed-End loans, the total insurance premium will be calculated and disclosed to You separately.

Monthly Premium Rates per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE OR MORE of the boxes below.
 CREDIT LIFE: Single Coverage - ☐ Yes ☐ No Joint Coverage - \$ _____ ☐ Yes ☐ No
 CREDIT DISABILITY (Primary Borrower Only): Single Coverage - ☐ Yes ☐ No
 Closed-End Loan Applicants - You must CHECK ONE OR MORE of the boxes below.
 You are interested in Credit Disability Insurance— single coverage ☐ You are interested in Credit Life Insurance — single coverage ☐ joint coverage ☐
 You are not interested in Credit Insurance ☐

NOTE: For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and You are applying for Credit Insurance, You authorize Us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

SIGNATURE OF APPLICANT X

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement and promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit _____
 Applicant's Initials Co-Applicant's Initials

APPLICANT OR CO-SIGNER SIGNATURE _____	DATE _____	SPOUSE/CO-APPLICANT SIGNATURE _____	DATE _____
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LOAN OFFICER		CREDIT MANAGER OR OTHER	
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC		LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> COUNTER OFFER WILL BE MADE IF ACCEPTED, LOAN APPROVED.		<input type="checkbox"/> COUNTER OFFER WILL BE MADE IF ACCEPTED, LOAN APPROVED.	
DESCRIBE COUNTER OFFER:			
SPECIFIC REASON(S) FOR REJECTION/APPROVAL:			
LOAN OFFICER SIGNATURE _____		DATE _____	
CREDIT MANAGER OR OTHER _____		DATE _____	
ADDITIONAL INFORMATION:			
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON _____ (DATE) BY _____			