

CREDIT APPLICATION

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| <p style="text-align: center;">TYPE OF CREDIT REQUESTED</p> <p>IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.</p> <p><input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets</p> <p><input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources</p> <p style="padding-left: 20px;"><input type="checkbox"/> JOINT CREDIT</p> | <p style="text-align: center;">FOR CREDITOR USE</p> <p>DATE _____ CLASS NO. _____</p> <p>ACCOUNT NO. _____</p> <p>APPROVED <input type="checkbox"/> BY _____</p> <p>DECLINED <input type="checkbox"/> BY _____</p> |
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|------------------------|--------------|----------------------|---|----------------------------------|
| 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: |
|------------------------|--------------|----------------------|---|----------------------------------|

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 | Did you <input type="checkbox"/> own or <input type="checkbox"/> rent? | HOW LONG |
| EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| BUSINESS PHONE | Ext. | POSITION OR TITLE | GROSS: \$ | SALARY PER MONTH 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: Court Order Written Agreement Oral Understanding

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| 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.

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|--|---------------|---|--|-----------------------------|--------------------|
| 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 | GROSS: \$ | SALARY PER MONTH 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) | | | Has Joint Applicant or Other Party ever 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 is relying on property located in such a state as a basis for repayment of the credit requested.

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|-------------|----------------------------------|------------------------------------|--|
| 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 & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-replaced 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 (Include 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) | | | | | |
| | | | | | |
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| | | | | | |
| TOTAL DEBTS | | | \$ | \$ | \$ |

Complete the following information about 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: |
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| PROPERTY DESCRIPTION |
| NAMES & ADDRESS 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 you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.