

CREDIT APPLICATION

IMPORTANT: Read these Directions before completing this Application.

- Check Appropriate Box
If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D
If you are applying for a joint account or an account that you and another person will use, complete all Sections, providing information in B about the joint applicant or user

We intend to apply for joint credit
Applicant
Co-Applicant

- If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying

Amount Requested/Terms Payment Date Desired Proceeds of Credit to be used for

SECTION A—INFORMATION REGARDING APPLICANT (Single Pay Monthly Pay Maturity)

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:
Present Employer: Years there: Telephone:
Position or title: Name of supervisor:
Employer's Address:
Previous Employer: Years there:
Previous Employer's Address:
Present net salary or commission: \$ per 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.

Alimony, child support, separate maintenance received under: court order written agreement oral understanding

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

Is any income listed in this Section likely to be reduced in the next two years?

Yes (Explain in detail on a separate sheet) 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 to Applicant (if any):

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:

Present net salary or commission: \$ per 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.

Alimony, child support, separate maintenance received under: court order written agreement oral understanding

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

Is any income listed in this Section likely to be reduced in the next two years?

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 Joint Applicant, User, or Other Party: Telephone:

Relationship: Address:

SECTION C—MARITAL STATUS

(Do not complete if this is an application for an individual account.)

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 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	\$		
Automobiles (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 Mortg. Holder)	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$ (Omit rent)	\$ (Omit rent)	\$	
2						
3						
4						
5						
6						
7						
8						
Total Debts			\$	\$	\$	

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? Year
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:

Please debit my Account Number _____ for this monthly installment in the amount of _____

CASH PRICE _____ \$ _____
 TRADE IN _____ \$ _____
 CASH DOWN _____ \$ _____
 NET TO FINANCE _____ \$ _____
 PAYMENTS _____ @ \$ _____
 SERIAL NO _____

YES -- AUTO TO BE USED AS COLLATERAL?		BOOK VALUE -- RETAIL \$	
NO		W/\$\$ LOANS	
NEW USED	YEAR	MAKE	MODEL
BODY TYPE	2 DR 4 DR HT	V/TOP AIR/C AUTO TR.	POWER STEER POWER BRAKES AM/FM STEREO
INSURANCE COMPANY		INSURANCE AGENT	
ADDRESS		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.

"Taxpayer Identification Number and Certification"

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct TIN, (2) I am not subject to backup withholding due to failure to report interest and dividend income; and (3) I am a U.S. person (including a U.S. resident alien).

Applicant's Signature _____ Date _____ Other Signature (Where Applicable) _____ Date _____

APPROVED

REJECTED
OFFICERS COMMENTS

CONDITIONED

Date _____

Officer's Signature _____