

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 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 Sections A, D, and E.
- ☐ If this is an application for joint credit with another person, complete all Sections, providing information in B about the joint applicant.

We intend to apply for joint credit.

Applicant

Additional Applicant

- ☐ If you are applying for individual credit 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, maintenance payment, income, or assets you are relying.

CREDIT REQUEST

Amount Requested	Desired Number of Payments	Payment Start Date	Purpose of the Loan

SECTION A – INFORMATION REGARDING APPLICANT

Full Name:		Birthdate:	
Current Address:	How long at current address?	Phone:	
Mailing Address (If different from above):			
City:	State:	Zip:	
Social Security Number:	Driver's License Number: Expires:		
Current Employer: Start Date: Position: How long:		Previous Employer: From: To: Position: Previous Employer: From: To: Position:	

Current Gross Salary or Commission: (circle one) Weekly Bi-Weekly Semi-Monthly Monthly Annually	No. of Dependents:
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. Additional Income:	

SECTION B – INFORMATION REGARDING JOINT APPLICANT OR OTHER THIRD PARTY

Relationship Type: (Circle one If Applicable) <input type="checkbox"/> Joint Applicant <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor (for commercial use only)		
Full Name:		Birthdate:
Current Address:	How long at current address?	Phone:
Mailing Address (if different from above):		
City:	State:	Zip:
Social Security Number:	Driver's License Number: Expires:	
Current Employer: Start Date: Position: How long:	Previous Employer: From: To: Position:	
Current Gross Salary or Commission: (circle one) Weekly Bi-Weekly Semi-Monthly Monthly Annually	No. of Dependents:	
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. Additional Income:		

Relationship Type: (Circle one If Applicable) <input type="checkbox"/> Joint Applicant <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor (for commercial use only)		
Full Name:		Birthdate:
Current Address:	How long at current address?	Phone:

Mailing Address (if different from above):		
City:	State:	Zip:
Social Security Number:	Driver's License Number: Expires:	
Current Employer: Start Date: Position: How long:	Previous Employer: From: To: Position: Previous Employer: From: To: Position:	
Current Gross Salary or Commission: (circle one) Weekly Bi-Weekly Semi-Monthly Monthly Annually		No. of Dependents:
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. Additional Income:		

SECTION C – MARITAL STATUS

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

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)
Other Party:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> 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 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)

Assets	(A)
Investable Assets	
Estimated Home Value	
Total Assets	

Liabilities	
Monthly Housing Expense	
Total Liabilities	

SECTION E – SECURED CREDIT
(Briefly describe the property to be given as security.)

Collateral Type:	
Identification Number:	
Owner:	
Description:	
Legal Description:	
Principal Residence?	
Lien Position:	

Collateral Type:	
Identification Number:	
Owner:	
Description:	
Legal Description:	
Principal Residence?	
Lien Position	

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.

_____ Date _____

_____ 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 or within three (3) days if I have applied by telephone. 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.

BORROWER:

_____ Date _____

_____ Date _____

For Telephone Applications Only:

As an authorized representative of Lender, I confirm that I have made the above Credit Application Insurance Disclosures orally to the Applicant(s) and that the receipt of the oral disclosures were acknowledged orally by the Applicant(s). I also confirm that I have mailed to the Applicant(s) the above Credit Application Insurance Disclosures within three (3) days beginning the first business day after the application is taken, excluding Sunday and federal public holidays.

_____ Date _____
Authorized Representative