

## CONSUMER CREDIT APPLICATION

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

<p style="text-align: center;"><b>TYPE OF CREDIT REQUESTED</b></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  <input type="checkbox"/> UNSECURED    <input type="checkbox"/> INDIVIDUAL CREDIT – relying on my income or assets as well as assets from other sources  <input type="checkbox"/> JOINT CREDIT – We intend to apply for joint credit. (initials) _____         </p>	<p style="text-align: center;"><b>FOR CREDITOR USE</b></p> <p>DATE: _____</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	PROCEEDS TO BE USED FOR:
\$ _____			<input type="checkbox"/> MONTHLY <input type="checkbox"/> _____	

FINANCING TYPE:	CREDIT TYPE	PURPOSE
<input type="checkbox"/> New <input type="checkbox"/> Refinance <input type="checkbox"/> Modification	<input type="checkbox"/> Line of Credit <input type="checkbox"/> Loan	<input type="checkbox"/> Agricultural <input type="checkbox"/> Business <input type="checkbox"/> Consumer

### INDIVIDUAL APPLICANT INFORMATION

NAME (First, Middle, Last)	E-MAIL ADDRESS
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BIRTHDATE	TELEPHONE NUMBER	DRIVERS LICENSE NUMBER	STATE OF ISSUANCE	SOCIAL SECURITY NUMBER
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ADDRESS (City, State, Zip)	Do you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
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ADDRESS (City, State, Zip) (Complete if less than 3 years at present address.)	Did you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
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EMPLOYER (Company Name and Address)	HOW LONG?
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BUSINESS PHONE:	POSITION OR TITLE	SALARY PER MONTH
		\$ _____

PREVIOUS EMPLOYER (Company Name and Address)	HOW LONG?
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NUMBER (include area code)
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**Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

Alimony, child support or separate maintenance received under:  Court Order  Written Agreement  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)	Have you previously received credit from us? <input type="checkbox"/> NO <input type="checkbox"/> YES – When?
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### JOINT APPLICANT OR OTHER PARTY INFORMATION

**Complete only for joint credit.**

NAME (First, Middle, Last)	E-MAIL ADDRESS
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BIRTHDATE	TELEPHONE NUMBER	DRIVERS LICENSE NUMBER	STATE OF ISSUANCE	SOCIAL SECURITY NUMBER
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ADDRESS (City, State, Zip)	Do you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
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ADDRESS (City, State, Zip) (Complete if less than 3 years at present address.)	Did you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
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EMPLOYER (Company Name and Address)	HOW LONG?
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BUSINESS PHONE:	POSITION OR TITLE	SALARY PER MONTH
		\$ _____

PREVIOUS EMPLOYER (Company Name and Address)	HOW LONG?
--	-----------

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NUMBER (include area code)
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**Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

Alimony, child support or separate maintenance received under:  Court Order  Written Agreement  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)	Have you previously received credit from us? <input type="checkbox"/> NO <input type="checkbox"/> YES – When?
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### MARITAL STATUS

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)

**ASSET AND DEBT INFORMATION**

<b>ASSETS OWNED</b>	<b>(Use separate sheet if necessary)</b>		
<b>DESCRIPTION OF ASSETS</b>	<b>NAME IN WHICH ACCOUNT IS CARRIED</b>	<b>SUBJECT TO DEBT?</b>	<b>VALUE</b>
CHECKING ACCOUNT NUMBERS(S) Where?			
SAVINGS ACCOUNT NUMBERS(S) Where?			
CERTIFICATE(S) OF DEPOSIT Where?			
AUTOMOBILES Make, model, year			
OTHER List			
TOTAL ASSETS			\$

<b>OUTSTANDING DEBTS</b>	<b>(Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations, Use a separate sheet if necessary.)</b>				
<b>CREDITOR</b>	<b>ACCOUNT NUMBER</b>	<b>NAME IN WHICH THE ACCOUNT IS CARRIED</b>	<b>MONTHLY PAYMENTS</b>	<b>ORIGINAL AMOUNT</b>	<b>PRESENT BALANCE</b>
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage				
AUTOMOBILES (Describe)					
			To *		
TOTAL DEBTS					

Complete the following information about both the Applicant and the Joint Applicant or Other Person (if applicable)

Are you obligated to make Alimony, Child Support or Separate Maintenance Payments:  Yes  No

If yes, to (Name and Address) \_\_\_\_\_ Amount per month: \$ \_\_\_\_\_

Are you a co-maker, endorser, or guarantor on any loan or contract?  No  Yes If yes, for whom? \_\_\_\_\_ Payable to: \_\_\_\_\_

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? \_\_\_\_\_

**SECURED CREDIT**

PROPERTY DESCRIPTION

NAME AND ADDRESS OF ALL CO-OWNERS OF THE PROPERTY

You certify that everything you have stated in this Consumer Credit Application and on any other documents submitted to us are true and correct to the best of your knowledge. You understand that you must update the information contained in this Consumer Credit Application if either your financial condition materially changes or we make a request to you orally or in writing. You understand that we will retain this Consumer Credit Application whether or not it is approved.

You authorize us to request one or more consumer reports, to check and verify your credit and employment history, and to answer questions others may ask us about our credit experience with you.

You authorize us to contact you using any of the telephone numbers listed on this Consumer Credit Application or that you subsequently provide us in connection with your credit account – regardless whether the number we use is assigned to a paging service, cellular telephone service, specialized mobile radio service, other radio common carrier service or any other service for which you may be changed for the call. You further authorize us to contact you through the use of voice, text and email and through the use of prerecorded/artificial voice messages or an automatic dialing device.

Electronic Signature. If checked, you further agree that you have signed this Consumer Credit Application with one or more electronic signatures. You intend your electronic signature to have the effect of your written ink signature. You viewed and read the entire Consumer Credit Application and notices before you signed it. You received a paper copy of this Consumer Credit Application after it was signed. You understand that this Consumer Credit Application is in the electronic form that we will keep. We may rely on, and enforce, this Consumer Credit Application in the electronic form or as a paper version of the electronic form.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Applicant, or Other Party, Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Bank Use**

<b>Date Received</b>	<b>Received by</b>	<b>Date Action Taken</b>	<b>Action Taken By</b>	<b>Action Taken</b>	<b>Reason Code(s)</b>

**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 your affiliates; or
- 2) My agreement not to obtain, or a prohibition on me from obtaining, any 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 \_\_\_\_\_

Individually

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 was acknowledged orally by the Applicant(s). I also confirm that I have mailed to the Applicant(s) the above Credit Application Insurance Disclosure within three (3) days beginning the first business day after the application is taken, excluding Sunday and federal public holidays.

\_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative

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 your affiliates; or
- 2) My agreement not to obtain, or a prohibition on me from obtaining, any 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.

COBORROWER:

\_\_\_\_\_ Date \_\_\_\_\_

Individually

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 was acknowledged orally by the Applicant(s). I also confirm that I have mailed to the Applicant(s) the above Credit Application Insurance Disclosure within three (3) days beginning the first business day after the application is taken, excluding Sunday and federal public holidays.

\_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative

Date