

NOTICE TO MARRIED APPLICANTS: YOU HAVE THE RIGHT TO APPLY FOR A SEPARATE ACCOUNT IN YOUR NAME.

CHECK TYPE OF CREDIT REQUESTED

- Individual Credit:** Complete sections **A, B, C, E, F** and **G** if only the applicant's income is considered for loan approval. Complete sections **A, B, C, D, E, F** and **G** (1) if you 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, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI.
- Joint Credit:** Complete sections **A, B, C, D, E, F** and **G** if your co-applicant will be contractually liable for repayment of the loan and initial below: We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

I/WE WOULD LIKE A LOAN OF \$	FOR THE FOLLOWING PURPOSE	SECURITY OFFERED	ACCOUNT NUMBER
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A. INSURANCE INFORMATION

Credit Life and Credit Disability Insurance is available to protect your loan. Credit Life Insurance can reduce or pay off your loan if you die. Credit Disability Insurance can help make your loan payments if you should become disabled and unable to work.

- I am interested in applying for the insurance coverage(s) checked below. I understand that this is not an application for insurance. This insurance is voluntary and is not a condition for approval of my loan or credit plan. I understand that the cost will be as disclosed on the Truth-in-Lending Disclosure Statement. Insurance coverage will be come effective after I apply and meet the eligibility requirements of the group policies when my loan or credit plan is approved.
- I would like information on the insurance coverage(s) checked below.

<input type="checkbox"/> Single Credit Life	<input type="checkbox"/> Joint Credit Life	<input type="checkbox"/> Credit Disability
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B. APPLICANT'S PERSONAL INFORMATION

CHECK ONE IF YOU RESIDE IN OR RELYING ON PROPERTY IN A COMMUNITY PROPERTY STATE OR IF YOU ARE APPLYING FOR OTHER THAN INDIVIDUAL UNSECURED CREDIT. <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH
PRESENT ADDRESS (Street, City, State, Zip)	HOW LONG?		SOCIAL SECURITY NO.	
PREVIOUS ADDRESS (If present address less than two years) (Street, City, State, Zip)	HOW LONG?		HOME PHONE NUMBER	
MOTHER'S MAIDEN NAME	DRIVER'S LICENSE NO. AND STATE		AGES OF DEPENDENTS	

C. INFORMATION REGARDING APPLICANT

PRESENT EMPLOYER	EMPLOYER'S ADDRESS (Street, City, State, Zip)	DATE EMPLOYED
OCCUPATION	SUPERVISOR'S NAME	WORK PHONE AND EXT.
PREVIOUS EMPLOYER	ADDRESS (Street, City, State, Zip)	HOW LONG?
OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.	SOURCE OF OTHER INCOME	AMOUNT
		\$
		\$

D. INFORMATION REGARDING [] CO-APPLICANT [] NON-APPLICANT SPOUSE/OTHER [] GUARANTOR

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.	DATE OF BIRTH	DRIVER'S LICENSE NO. AND STATE
STREET ADDRESS (Street, City, State, Zip)			HOME PHONE NUMBER	MOTHER'S MAIDEN NAME	
PRESENT EMPLOYER	EMPLOYER'S ADDRESS (Street, City, State, Zip)			DATE EMPLOYED	
OCCUPATION	SUPERVISOR'S NAME	WORK PHONE AND EXT.		MONTHLY PAY	<input type="checkbox"/> GROSS <input type="checkbox"/> NET
				\$	
PREVIOUS EMPLOYER	ADDRESS (Street, City, State, Zip)			HOW LONG?	OCCUPATION
OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.	SOURCE OF OTHER INCOME	AMOUNT		TOTAL MONTHLY INCOME	
				\$	

E. FINANCIAL INFORMATION AND REFERENCES

NAME OF RELATIVE NOT LIVING WITH YOU	NAME (Last, First, Initial)	PRESENT ADDRESS (Street, City, State, Zip)	PHONE NUMBER	RELATIONSHIP
PERSONAL REFERENCE NOT RELATED TO APPLICANT	NAME (Last, First, Initial)	PRESENT ADDRESS (Street, City, State, Zip)	PHONE NUMBER	

F. FINANCIAL INFORMATION (If you answer "yes" to any of these questions, provided details on back.)

ARE ANY OF YOUR DEBTS PAST DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER HAD YOUR AUTO, FURNITURE OR PROPERTY REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR YOUR CO-APPLICANT EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY A CO-MAKER ON A LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER HAD ACCOUNTS SENT TO COLLECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY OTHER CREDIT APPLICATION PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO
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CONTINUE APPLICATION ON PAGE 2 - SIGN PAGE 2 OF THE APPLICATION BEFORE SUBMITTING

