

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.

TYPE OF CREDIT REQUESTED

IMPORTANT: Check the appropriate boxes below and complete the applicable sections.

- SECURED INDIVIDUAL CREDIT – relying solely on my income or assets
 UNSECURED INDIVIDUAL CREDIT – relying on my income or assets as well as assets from other sources
 JOINT CREDIT – We intend to apply for joint credit. (initials) _____

FOR CREDITOR USE

DATE: _____
 APPROVED by _____
 DECLINED by _____

AMOUNT REQUESTED \$	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS TO BE USED FOR:
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INDIVIDUAL APPLICANT INFORMATION

NAME (First, Middle, Last)				E-MAIL ADDRESS	
BIRTHDATE	TELEPHONE NUMBER	DRIVERS LICENSE NUMBER	STATE OF ISSUANCE	SOCIAL SECURITY NUMBER	
ADDRESS (City, State, Zip)				Do you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
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?
EMPLOYER (Company Name and Address)					HOW LONG?
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)		

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?

JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only for joint credit.

NAME (First, Middle, Last)				E-MAIL ADDRESS	
BIRTHDATE	TELEPHONE NUMBER	DRIVERS LICENSE NUMBER	STATE OF ISSUANCE	SOCIAL SECURITY NUMBER	
ADDRESS (City, State, Zip)				Do you <input type="checkbox"/> own Or <input type="checkbox"/> rent?	HOW LONG?
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?
EMPLOYER (Company Name and Address)					HOW LONG?
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)		

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 \$
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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 PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced and widowed)	OTHER
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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

Date Received	Received by	Date Action Taken	Action Taken By	Action Taken	Reason Code(s)

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:

CO-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.

Authorized Representative

(Date)

Regulation B Notice of Intent to Apply for Joint Credit

Lender

Applicant

Date	_____
Account Number	_____

Notice

We intend to apply for joint credit.

Acknowledgment

By signing below, we acknowledge the intention to apply for joint credit on today's date.

X _____

X _____

X _____

X _____