

CREDIT APPLICATION

IMPORTANT APPLICATION 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 the requirement. In some instances we may use outside sources to confirm information. The information you provide is protected by our privacy policy and federal law.

TYPE OF CREDIT REQUESTED

Unsecured INDIVIDUAL CREDIT - Relying solely on my income or assets
 Secured JOINT CREDIT - We intend to apply for joint credit (Please initial if Joint Application) Applicant _____ Joint Applicant _____

AMOUNT REQUESTED	TERM (Months)	PAYMENT DATE REQUESTED	Proceeds of Loan to be used for:	Description of Collateral (Year, Make, Model)
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APPLICANT - PLEASE TELL US ABOUT YOURSELF

First Name	Middle Name	Last Name	Social Security Number	Date of Birth
Present Street Address		City/State	Zip Code	How Long?
Previous Street Address (if present address less than 3 years)		City/State	Zip Code	How Long?
Home Phone	Mobile Phone	E-mail Address		

Nearest Relative NOT Living with you:

First Name	Last Name	Relationship	Home or Mobile Phone
Street Address		City	State Zip Code

PLEASE TELL US ABOUT YOUR JOB

Present Employer	Position	How Long?
Employer's Phone	Employer's Street Address	City/State Zip Code
<small>IF SELF EMPLOYED, PROVIDE LAST 2 YEAR'S TAX RETURN AND LIST NAME OF BUSINESS. IF RETIRED, PLEASE LIST PREVIOUS EMPLOYER</small>		
Previous Employer (if current employer less than 3 years)	Position	How Long?

PLEASE PROVIDE SOME FINANCIAL INFORMATION

Monthly Gross Salary	Additional Income (1)	Additional Income (2)	Source of Additional Income (1)	Source of Additional Income (2)
Monthly Rent or Mortgage \$	<input type="checkbox"/> Rent <input type="checkbox"/> Lives with parents <input type="checkbox"/> Own <input type="checkbox"/> Other	Payable to:	Monthly Auto Payment (Year, Make or Model) \$	
Bank Name (Checking)	Account Number	Bank Name (Savings)		

JOINT APPLICANT - PLEASE TELL US ABOUT YOURSELF

First Name	Middle Initial	Last Name	Social Security Number	Date of Birth
Present Street Address		City/State	Zip Code	How Long?
Previous Street Address (if present address less than 3 years)		City/State	Zip Code	How Long?
Home Phone	Mobile Phone	E-mail Address	Relationship to applicant?	

PLEASE TELL US ABOUT YOUR JOB

Present Employer	Position	How Long?
Employer's Phone	Employer's Street Address	City/State Zip Code
<small>IF SELF EMPLOYED, PROVIDE LAST 2 YEAR'S TAX RETURN AND LIST NAME OF BUSINESS. IF RETIRED, PLEASE LIST PREVIOUS EMPLOYER</small>		
Previous Employer (if current employer less than 3 years)	Position	How Long?

PLEASE PROVIDE SOME FINANCIAL INFORMATION

Monthly Gross Salary	Additional Income (1)	Additional Income (2)	Source of Additional Income (1)	Source of Additional Income (2)
Monthly Rent or Mortgage \$	<input type="checkbox"/> Rent <input type="checkbox"/> Lives with parents <input type="checkbox"/> Own <input type="checkbox"/> Other	Payable to:	Monthly Auto Payment (Year, Make or Model) \$	
Bank Name (Checking)	Account Number	Bank Name (Savings)		

By signing below, I certify that the information contained in this application and on my attachments represents my current financial condition accurately, and I authorize you to check my credit and employment history. You may verify the information arising out of my transactions with you to others. This application shall remain the property of the Bank. I agree to notify the Bank of any material adverse changes in my financial condition and to furnish current financial information upon request by the Bank from time to time.

Applicant's Signature _____ Date _____ Joint Applicant's Signature _____ Date _____

FOR BANK USE ONLY

Bank Rep. Accepting App:	Date Taken by Bank Rep:	Branch Name & Number:
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