

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. | | | | FOR CREDITOR USE | |
| <input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets | | | | DATE _____ CLASS NO. _____ | |
| <input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets as well as income or assets from other sources. | | | | ACCOUNT NO. _____ | |
| <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit (initials) _____ | | | | APPROVED <input type="checkbox"/> BY _____ | |
| | | | | DECLINED <input type="checkbox"/> BY _____ | |
| AMOUNT REQUESTED \$ | FOR HOW LONG | PAYMENT DATE DESIRED | WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/> | PURPOSE OF LOAN: | COLLATERAL, IF ANY |

SECTION A - INDIVIDUAL APPLICANT INFORMATION

| | | | | | |
|---|---------------------|-------------------|---------------------|---|--------------------|
| NAME (Last, First, Middle) | | | | | |
| BIRTHDATE | DRIVERS LICENSE NO. | EXP. DATE | SOCIAL SECURITY NO. | NO. DEPENDENTS | AGES OF DEPENDENTS |
| TELEPHONE NO | | CELL PHONE NO. | | EMAIL | |
| ADDRESS (Street, City, State & Zip) | | | COUNTY | Do you <input type="checkbox"/> own or <input type="checkbox"/> rent | HOW LONG |
| PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address) | | | COUNTY | Did you <input type="checkbox"/> own or <input type="checkbox"/> rent? | HOW LONG |
| EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| BUSINESS PHONE | Ext. | POSITION OR TITLE | GROSS: \$ | SALARY PER MONTH NET: \$ | |
| PREVIOUS EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | | | RELATIONSHIP | TELEPHONE NO. (Include Area Code) | |
| 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. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> 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? | | | | Have you previously received credit from us? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes - When? | |

SECTION B - JOINT APPLICATION OR OTHER PARTY INFORMATION

Complete only if: for joint credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

| | | | | | |
|---|---------------|---|-----------|--|----------------|
| NAME (Last, First, Middle) | | | | | |
| BIRTHDATE | TELEPHONE NO. | DRIVER'S LICENSE NO. | EXP. DATE | SOCIAL SECURITY NO. | NO. DEPENDENTS |
| RELATIONSHIP TO APPLICANT (If Any) | | PRESENT ADDRESS (Street, City, State & Zip) | | | HOW LONG |
| EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| BUSINESS PHONE | Ext. | POSITION OR TITLE | GROSS: \$ | SALARY PER MONTH NET: \$ | |
| PREVIOUS EMPLOYER (Company Name & Address) | | | | | HOW LONG |
| 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. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> 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? | | | | Has Joint Applicant or Other Party ever received credit from us? | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes - When? | |

SECTION C - MARITAL STATUS

Complete only if for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

| | | | |
|-------------|----------------------------------|------------------------------------|--|
| 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) |

SECTION D - ASSET & DEBIT 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.)

| DESCRIPTION OF ASSETS | NAME IN WHICH THE ACCOUNT IS CARRIED | SUBJECT TO DEBT? | VALUE |
|--|--------------------------------------|------------------|-------|
| CHECKING ACCOUNT NUMBER(S) (where) | | | \$ |
| SAVINGS ACCOUNT NUMBER(S) (where) | | | |
| CERTIFICATE OF DEPOSIT(S) (where) | | | |
| MARKETABLE SECURITIES (issuer, type, no. of shares) | | | |
| REAL ESTATE (location, date acquired) | | | |
| LIFE INSURANCE (issuer, face value) | | | |
| AUTOMOBILES (make, model, year) | | | |
| OTHER (list) | | | |
| TOTAL ASSETS | | | \$ |

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

| CREDITOR | ACCOUNT NUMBER | NAME IN WHICH THE ACCOUNT IS CARRIED | ORIGINAL AMOUNT | PRESENT BALANCE | MONTHLY PAYMENTS |
|-----------------------------|--|--------------------------------------|-------------------|-------------------|------------------|
| LANDLORD OR MORTGAGE HOLDER | <input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage | | (OMIT RENT) \$ | (OMIT RENT) \$ | \$ |
| AUTOMOBILES (describe) | | | | | |
| | | | | | |
| | | | | | |
| TOTAL DEBTS | | | \$ | \$ | \$ |

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

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____
 Are there any unsatisfied judgements 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? _____

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 EXTENTION OF CREDIT ON EITHER.**

- My purchase of an insurance product or annuity from you or from any of your affiliates; or
- 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. 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.

CERTIFICATION, AUTHORIZATION AND SIGNATURES

You certify that everything you have stated in this *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 *Credit Application* is either your financial condition materially changes or we make a request to you orally or in writing. You understand that we will retain this *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 your telephone numbers or address. 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 *Credit Application* with one or more electronic signatures. You intend your electronic signatures to have the effect of your written ink signature. You viewed and read the entire *Credit Application* and notices before you signed it. You received a paper copy of this *Credit Application* after it was signed. You understand that this *Credit Application* is in the electronic form that we will keep. We may rely on, and enforce, this *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 _____
 (if applicable)

Notice: It is a federal crime punishable by fine, imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code § 1001, et seq.