

GENERAL CREDIT APPLICATION
(Not for use in community property states)

Date of Application _____

To Creditor: _____

1. **APPLICANT(S)**. Check one of the following boxes. You may apply for individual credit in your name only or joint credit in your name and in the name of other joint applicant(s).

- Individual Credit. Complete Applicant column and sign on page 3.
- Joint Credit. Complete Applicant and Joint Applicant Columns. Both applicant and joint applicant sign on page 3.

2. **LOAN** Amount requested \$ _____ Purpose _____
 Collateral offered Yes No. If yes, describe collateral * _____
 Owner(s) of collateral _____
 Interest rate: _____ No. of Months: _____ Type: _____

Applicant I. APPLICANT INFORMATION Joint Applicant

Applicant Name				Joint Applicant Name			
<small>(Do not complete for individual unsecured credit)</small>				<small>(Do not complete for individual unsecured credit)</small>			
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		Dependents No. Ages		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		Dependents No. Ages	
<input type="checkbox"/> Separated				<input type="checkbox"/> Separated			
Social Security Number	Date of Birth	Driver's License (or <input type="checkbox"/> State ID Card) No.		Social Security Number	Date of Birth	Driver's License (or <input type="checkbox"/> State ID Card) No.	
Driver's License (or <input type="checkbox"/> State ID Card) Name			Expiration Date	Driver's License (or <input type="checkbox"/> State ID Card) Name			Expiration Date
Changed Name on Driver's License or State ID Card in Past 5 Years <input type="checkbox"/> No <input type="checkbox"/> Yes, and give Prior Name _____				Changed Name on Driver's License or State ID Card in Past 5 Years <input type="checkbox"/> No <input type="checkbox"/> Yes, and give Prior Name _____			
Home Phone	Cell Phone	E-Mail Address		Home Phone	Cell Phone	E-Mail Address	
Present Address (Street, City, State & ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.				Present Address (Street, City, State & ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			
Previous Address (Street, City, State & ZIP) _____ No. Yrs.				Previous Address (Street, City, State & ZIP) _____ No. Yrs.			

II. EMPLOYMENT INFORMATION

Name & Address of Employer <input type="checkbox"/> Self Employed		Yrs. on this job	Name & Address of Employer <input type="checkbox"/> Self Employed		Yrs. on this job
		Gross Monthly Income \$			Gross Monthly Income \$
Position		Business Phone	Position		Business Phone
Name of Previous Employer <input type="checkbox"/> Self Employed		Yrs. on this job	Name of Previous Employer <input type="checkbox"/> Self Employed		Yrs. on this job

III. OTHER INCOME - Except alimony, child support and maintenance
(Need not reveal income from medical insurance, disability or wage continuation insurance if applicant(s) does not choose to have such income considered as a basis for repaying this obligation).

Gross Monthly Income	Applicant	Joint Applicant	Total	Describe Other Income Source	Monthly Amount
Overtime	\$	\$	\$	Applicant _____	\$
Bonuses				Applicant _____	
Commissions				Joint Applicant _____	
Dividends/Interest				Joint Applicant _____	
Net Rental Income					
Other (complete section to the right to describe)					
Total (incl. base employment)					

IV. INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS
(Need not be revealed if applicant(s) does not choose to have it considered as a basis for repaying this obligation).

Kind of Income	Name and Address of Payor		Kind of Income	Name and Address of Payor	
Amount per Month \$	Ends	Amt. Past Due \$	Amount per Month \$	Ends	Amt. Past Due \$
When Payments Due	Since When		When Payments Due	Since When	
Payor's Employer			Payor's Employer		
Court			Court		

Is any listed income likely to be reduced before the credit requested is paid off? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain in detail on separate sheet)	Is any listed income likely to be reduced before the credit requested is paid off? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain in detail on separate sheet)
Name and Address of nearest relative not living with you	Name and Address of nearest relative not living with you

*This is not a complete or final description of collateral.

IV. INCOME - Cont.

Medical Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Disability or Wage Continuation Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Available Monthly Benefit \$ (If currently receiving benefits under such a policy, list benefits in section V below if relying on benefits as a source of repayment.)	Medical Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Disability or Wage Continuation Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Available Monthly Benefit \$ (If currently receiving benefits under such a policy, list benefits in section V below if relying on benefits as a source of repayment.)
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V. INCOME FROM MEDICAL INSURANCE, DISABILITY OR WAGE CONTINUATION INSURANCE

(Need not be revealed if applicant(s) does not choose to have it considered as a basis for repaying this obligation).

Kind of Income	Name and Address of Payor	Kind of Income	Name and Address of Payor
Amount per Month \$	Ends	Amount per Month \$	Ends
When Payments Due	Since When	When Payments Due	Since When

VI. ASSETS AND LIABILITIES

Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet if necessary. Indicate by (*) those liabilities, which will be satisfied or paid in full upon the granting of the extension of credit to which this application relates.

ASSETS	Cash or Market Value	LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance
<i>List checking and savings accounts below</i>		Name and Address of Creditor	\$ Payment/Months	\$
Name and Address of Bank, S&L, or Credit Union		Acct. no.		
Acct No.	\$	Name and Address of Creditor	\$ Payment/Months	\$
Name and Address of Bank, S&L, or Credit Union		Acct. no.		
Acct No.	\$	Name and Address of Creditor	\$ Payment/Months	\$
Name and Address of Bank, S&L, or Credit Union		Acct. no.		
Acct No.	\$	Name and Address of Creditor	\$ Payment/Months	\$
Name and Address of Bank, S&L, or Credit Union		Acct. no.		
Acct No.	\$	Name and Address of Creditor	\$ Payment/Months	\$
Stocks & Bonds (# of Shares/Company) Pledged <input type="checkbox"/>		Acct. no.		
Life Insurance net cash value Face amount \$ Complete life insurance schedule on page 3		Name and Address of Company	\$ Payment/Months	\$
Subtotal Liquid Assets		Acct. no.		
Real Estate owned (enter market value from schedule of real estate owned)		Name and Address of Company	\$ Payment/Months	\$
Vested Pension, HR-10, IRA, etc.		Acct. no.		
Net Worth of business(es) owned (attach financial statement)		Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	
Vehicle Owned (year and make)		When Payments Due	Amt. Past Due \$	
Other Assets (itemize)		Ends	\$	
Value \$		Rent Payments to:	\$ Amount	
		Acct. no.		
		Total Monthly Payments	\$	
Total Assets a.	\$	Net Worth (a minus b)	\$	Total Liabilities b.
				\$

VI. ASSETS AND LIABILITIES - Cont.

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
		\$	\$	\$	\$	\$	\$
	Totals	\$	\$	\$	\$	\$	\$

Life Insurance Policies Owned			Liabilities as Guarantor	
Owner	Company Name		For Whom	Amount Guaranteed \$
Insured	Beneficiary		Name of Creditor	
Face Amt. \$	Type	Cash Value \$	For Whom	Amount Guaranteed \$
Policy Loans \$	Mo. Premium \$		Name of Creditor	
Owner	Company Name		Defendant(s) in Lawsuits	
Insured	Beneficiary		Plaintiff	
Face Amt. \$	Type	Cash Value \$	Plaintiff	
Policy Loans \$	Mo. Premium \$		APPLICANT, HAVE YOU (OR EITHER OF YOU, IF APPLICABLE) EVER BEEN BANKRUPT, SURRENDERED COLLATERAL, OR HAD IT REPOSSESSED, OR HAD OR HAVE ANY JUDGMENT OR OTHER LEGAL PROCEEDINGS AGAINST YOU? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details	
Owner	Company Name		List other names under which you received credit in last 7 years	
Insured	Beneficiary			
Face Amt. \$	Type	Cash Value \$		
Policy Loans \$	Mo. Premium \$			

IF SPACE ABOVE IS INADEQUATE FOR ANY REQUIRED INFORMATION OR IF YOU WISH TO SUBMIT ADDITIONAL INFORMATION, USE THE FOLLOWING SPACE.

NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by the creditor named above, the undersigned, jointly and severally, (1) represent that the above statements are true and complete, (2) authorize the creditor named above, or its agents, to verify them and obtain additional information concerning our credit, employment history or any other information, including credit reports (although creditor may rely on these statements without any further verification), to furnish, to the extent not prohibited by applicable law, credit experience with me to others, and to answer any questions about our credit experience and other financial relationships with the creditor, and (3) agree to the provisions of any rules, regulations or agreements of the creditor governing such credit. This application is creditor's property.

The undersigned understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING CREDIT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who obtains credit.

What this means for you: When you obtain credit, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Applicant Sign Here _____ Date _____

Joint Applicant Sign Here _____ Date _____
(Joint Credit Only)

To be Completed by Interviewer:

This information was provided:

- In a face-to-face interview
- In a telephone interview
- By the applicant and submitted by fax or mail
- By the applicant and submitted via e-mail or the Internet

Loan Originator's Signature X	Date
Loan Originator's Name (print or type)	Loan Originator NMLSR ID
Loan Originator Organization's Name	Loan Originator Organization's NMLSR ID
	Loan Originator's Phone Number (including area code)
	Loan Originator Organization's Address

REASON(S) FOR CREDIT REJECTION - EITHER ORALLY OR IN WRITING THROUGH FCRA/ECOA 616 (Attach copy)

1. Employment:

- temporary or irregular
- unable to verify
- length of employment

2. Credit Information:

- incomplete application
- insufficient number of credit references provided
- unacceptable type of credit references provided
- unable to verify credit references
- no credit file

- limited credit experience
- garnishment or attachment
- foreclosure or repossession
- collection action or judgment
- bankruptcy
- number of recent inquiries on credit bureau report

3. Residence:

- length of residence
- temporary
- unable to verify

4. Income and Obligations:

- insufficient income for amount of credit requested
- unable to verify income
- excessive obligations in relation to income
- delinquent credit obligations with others
- poor credit performance with us

5. Collateral and Assets:

- collateral not offered
- value or type of collateral not sufficient
- assets insufficient

6. Other (specify):

- NOTICE WITHOUT REASONS. Use 2-615.
- NOTICE WITH REASONS. Use 616.

IN REACHING THIS DECISION WE USED:

A. Information obtained in a report from a consumer reporting agency.

Name: _____

Street Address: _____

[Toll-free] Telephone Number: _____

Name: _____

Street Address: _____

[Toll-free] Telephone Number: _____

Name: _____

Street Address: _____

[Toll-free] Telephone Number: _____

B. Information obtained from an affiliate or from an outside source other than a consumer reporting agency. Under the Fair Credit Reporting Act, you have the right to make a written request, within 60 days of receipt of this notice, for disclosure of the nature of the adverse information.

CAUTION: If A or B is checked, remember to mail and attach copy of W.B.A. (FCRA) (ECOA) 2-615 and/or 616, if FCRA is applicable.

