

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	Joint Applicant
I. APPLICANT INFORMATION	
Applicant Name	Joint Applicant Name
(Do not complete for individual unsecured credit) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	(Do not complete for individual unsecured credit) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Dependents No. Ages	Dependents No. Ages
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 State	Driver's License (or <input type="checkbox"/> State ID Card) Name Expiration Date State
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.

WORKSHEET & CHECKLIST FOR CREDITOR USE ONLY

Application received for Creditor by _____

AGREED UPON REPAYMENT PLAN: _____

DESCRIPTION OF ALL COLLATERAL SUPPORTING LOAN

Collateral Description (Make/Model/Year)	<input type="checkbox"/> New <input type="checkbox"/> Used	Serial # or Other ID	<input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken	Value Available
Owner(s) (if other than Borrower)	Owner(s) Address			\$
Collateral Description (Make/Model/Year)	<input type="checkbox"/> New <input type="checkbox"/> Used	Serial # or Other ID	<input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken	Value Available
Owner(s) (if other than Borrower)	Owner(s) Address			\$
Collateral Description (Make/Model/Year)	<input type="checkbox"/> New <input type="checkbox"/> Used	Serial # or Other ID	<input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken	Value Available
Owner(s) (if other than Borrower)	Owner(s) Address			\$
Collateral Description (Make/Model/Year)	<input type="checkbox"/> New <input type="checkbox"/> Used	Serial # or Other ID	<input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken	Value Available
Owner(s) (if other than Borrower)	Owner(s) Address			\$
Financial Statement <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Agricultural Dated				\$
Guarantee <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured _____	Guarantee Type <input type="checkbox"/> Unlimited <input type="checkbox"/> Specific Transaction <input type="checkbox"/> Limited \$ _____		Guarantee Dated	
Guarantor(s):	Address:			

INSURANCE INFORMATION

Name of Insurance Company	Policy #	Expires
Agent's Name and Address	Phone	Property Insured
		Coverage
		Deductible \$
Evidence of Coverage and Loss Payment <input type="checkbox"/> Letter Sent <input type="checkbox"/> Telephoned	Other Information	

LOAN REQUEST

Loan Type <input type="checkbox"/> Consumer <input type="checkbox"/> Business <input type="checkbox"/> Agricultural Purchase Money <input type="checkbox"/> Yes <input type="checkbox"/> No Approved by _____ Rejected by _____ THE ABOVE CONFIRMED AND REQUESTED BY _____ Date _____	Cost of New Items Described Above \$ _____ Less: Cash Down _____ Trade In _____ - _____ NET Required _____ Plus Prop. Insurance, if Requested + _____ Plus Other Funds Requested + _____ TOTAL FUNDS REQUESTED \$ _____
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LOAN CALCULATIONS

1. Number of Payments _____ 2. When payments are due Monthly Bi-Monthly Semi-Monthly Bi-Weekly
 If Balloon, Amortized Over _____ Months Quarterly Annually Semi-Annually Weekly

3. Payment Amount \$ _____

4. Funding Date _____ 5. Date of Note (if different) _____

6. First Payment or Maturity Date (if single payment) _____ 7. Interest Rate _____ %

8. Proceeds

Paid to Customer/Another	\$
Refinanced Loan #/ or Another Lender	\$
_____	\$
Paid to Others	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
TOTAL PROCEEDS	\$

9. Insurance None A&H Sgl CL Sgl CL & A&H Jnt CL Jnt CL & A&H

Comments: _____

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.

