



Creditor

("You" means Applicant, et al; and "We" means Creditor)

For Creditor Use

Date Received:

Received By:

Important Information to Applicant(s)

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 applies for a loan or opens an account.

What this means for you. When you apply for a loan or open an account, we will ask 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. 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.

Read each instruction carefully before completing this form.

1. Type of Application

Check only one of the three types:

- Individual Credit** – You are relying solely on your income or assets.
- Individual Credit** – You are relying on your income or assets as income or assets from other sources.

Joint Credit – By initialing below, you intend to apply for "joint credit".

Applicant

Joint Applicant

2. Type of Requested Credit

Application Date:	Amount Requested:	Financing Type: <input type="checkbox"/> New <input type="checkbox"/> Refinance	No. of Months:	Repayment Interval: <input type="checkbox"/> Monthly <input type="checkbox"/>	First Payment Date:
Credit Type: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Loan	Loan Purpose: <input type="checkbox"/> Agricultural <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Security for Credit: <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured	Proceeds of Credit to Be Used for: <input type="checkbox"/> To purchase property that will secure your credit <input type="checkbox"/> To purchase property that is a residential dwelling and is not real estate <input type="checkbox"/> To finance home improvements to a residential dwelling <input type="checkbox"/> Other (describe):		

3. Applicant Information

Applicant			Joint Applicant or Other Party		
Full Name (First, Middle, Last):			Full Name (First, Middle, Last):		
Driver's License # or State ID #:		ID Issued By:	Driver's License # or State ID #:		ID Issued By:
ID Issue Date:	ID Expiration Date:	Date of Birth:	ID Issue Date:	ID Expiration Date:	Date of Birth:
Social Security #:	Primary Phone: <input type="checkbox"/> Cell	Second Phone: <input type="checkbox"/> Cell	Social Security #:	Primary Phone: <input type="checkbox"/> Cell	Second Phone: <input type="checkbox"/> Cell
Email Address:			Email Address:		
Present Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>		No. of Yrs: County:	Present Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>		No. of Yrs: County:
Previous Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>		No. of Yrs: County:	Previous Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>		No. of Yrs: County:
<i>(complete if less than 3 years at current address)</i>			<i>(complete if less than 3 years at current address)</i>		
Dependents: No.: Ages:			Dependents: No.: Ages:		
Nearest Relative (not living with you): Name: Address: Telephone: <input type="checkbox"/> Cell			Nearest Relative (not living with you): Name: Address: Telephone: <input type="checkbox"/> Cell		
Your Relationship to us (or our affiliate): <input type="checkbox"/> Current Customer <input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Insider (Shareholder, Director, Officer)			Your Relationship to us (or our affiliate): <input type="checkbox"/> Current Customer <input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Insider (Shareholder, Director, Officer)		
Have you ever received credit from us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: Office/Branch:			Have you ever received credit from us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: Office/Branch:		

4. Asset and Debt Information

If the "Joint Applicant" or "Other Party" Sections were completed, this Section should be completed by giving information about both the Applicant, and the Joint Applicant or Other Party, if applicable.

Assets Owned (use separate sheet if necessary)

Type of Asset or Description	Current Market Value	Remaining Balance of Lien (Enter "0" if none)	Asset Owner's Name
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)	\$	\$	
<input type="checkbox"/> Amounts from Continuation Form	\$	\$	
Total Assets	\$	\$	

Outstanding Debts (This section should be charge accounts, installment contracts, credit cards, rent, mortgages and other obligations.)

Creditor Name	Type of Debt or Account Number	Original Amount	Present Balance	Monthly Payment	Debtor's Name	Past Due (Yes/No)
Landlord	<input type="checkbox"/> Rent Payment			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Mortgage	\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amounts from Continuation Form		\$	\$	\$		
Total Debts		\$	\$	\$		

8. Property Information

Property Type: <input type="checkbox"/> Boat or Vessel <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Deposit Account <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Motor Vehicle <input type="checkbox"/>	Property Description: <i>If the security is real estate, give the full name of your spouse (if any)</i>	Property Location and Address: <i>If any proceeds are to be used for home improvement, please indicate the physical address of the property.</i>
Primary Use of Property: <input type="checkbox"/> Agricultural <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Property Owner(s) Names & Addresses:	

Applicant	9. Marital Status	Joint Applicant or Other Party
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Leave blank, unless: (1) <i>the credit will be secured, or</i> (2) <i>you reside in a community property state, or</i> (3) <i>you are relying on property, located in a community property state, as a basis for repayment.</i> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <i>(including single, divorced, widowed)</i>	Leave blank, unless: (1) <i>the credit will be secured, or</i> (2) <i>you reside in a community property state, or</i> (3) <i>you are relying on property, located in a community property state, as a basis for repayment.</i> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <i>(including single, divorced, widowed)</i>
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10. Additional Information or Explanations

11. Certifications, Authorizations 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 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 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 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 charged 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.

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, if applicable; 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. 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.

Applicant Signature	Date	Joint Applicant, or Other Party, Signature	Date
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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.*