T						
Loan Amount: First Payment Due: Number of Payments:						
Automatic Payment from Account #: Insurance Agent:						
Purpose of Loan:  TYPE OF CREDIT REQUESTED: IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.  INDIVIDUAL CREDIT - relying solely on my income or assets.  INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources.  JOINT CREDIT- We intend to apply for joint credit: Initials						
APPLICANT INFORMATION - Section A						
FULL NAME (first, middle, last)	Date of Birth (mo, day, yr)	Social Security Number				
Street Address	City State Zip	/ / Time at Address (yrs./mo)				
Mailing Address	Home Phone ☐ Listed ☐ Unlisted	Business Phone				
Home: □ Own □ Rent □ Other (explain)	# of Dependents Ages					
Previous Street Address	City State Zip	Time at Address (yrs./mo)				
Current Employer	errent Employer Position or Title Monthly Gross Income					
City State Zip	City State Zip How long with employer (yrs./mo)					
Previous Employer (within last 5 years)	Position or Title	Monthly Gross Income				
City State Zip	How	long with employer (yrs./mo)				
Alimony, child support, or separate maintenance income need not be reveale Alimony, child support, separate maintenance received under:	ed if you do not wish to have it considered as a basis	for repaying this obligation.				
SOURCES OF OTHER INCOME	☐ Written Agreement ☐ Oral Understanding	AMOUNT PER MONTH				
Is any income listed in this Section likely to be reduced before the credit request is No Yes (Explain)	paid off?	\$				
JOINT OR OTHER PARTY INFORMATION - Section B						
COMPLETE ONLY IF: for joint credit, for individual credit relying on income or assets FULL NAME (first, middle, last)	s from other sources, or applicant is married and resides in a  Date of Birth (mo, day, yr)					
Street Address	I I	Social Security Number / /				
	City State Zip	Time at Address (yrs./mo) /				
Mailing Address	Home Phone ☐ Listed ☐ Unlisted ( )	Business Phone ( )				
Home: ☐ Own ☐ Rent ☐ Other (explain)	# of Dependents Ages					
Previous Street Address	City State Zip	Time at Address (yrs./mo)				
Current Employer	Position or Title	Monthly Gross Income				
City State Zip	Howl	ong with employer (yrs./mo)				
Previous Employer (within last 5 years)	Position or Title	Monthly Gross Income				
City State Zip	How I	ong with employer (yrs./mo)				
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:						
SOURCES OF OTHER INCOME	Written Agreement - Dorai Oriderstanding	AMOUNT PER MONTH				
Is any income listed in this Section likely to be reduced before the credit request is \[ \subseteq No  \text{Yes (Explain)} \]	paid off?	\$				
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: ☐ Married ☐ Separated ☐ Unmarried (including single, divorce	•					
Co-Applicant:   Married   Separated   Unmarried (including single, divorced and widowed)						
BANK REFERENCES (Applicant or Co-Applicant)						
Bank Reference (name and city)						
☐ Checking ☐ Savings ☐ Credit Line ☐ Loan First Personal Reference/Relative (Name & Address)						
Second Personal Reference/Relative (Name & Address)						
OTHER INFORMATION Complete the following information about both the applicant and joint applicant or other person (if applicable).						
Have you ever filed bankruptcy ☐ Yes ☐ No If yes, where?		Year?				
Are there any claims, suits or judgements against you?	to whom owed?	Amount \$				
Are you a co-signer or guarantor for anyone?   Yes   No If yes, for whom?						
Are you obligated to make Alimony, Support or Maintenance Payments:	□ No					
If yes, to (Name & Address)	Amt	. per month \$				

ASSET & DEBT 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 Se	ction.		Т
Description o	Description of Assets		Name in which account is carried Sul		Value
Checking Account Number(s)					\$
Savings Account Number(s)					
where) Certificate of Deposit(s)					
where)					
Marketable Securities issuer, type, no. of shares)					
Real Estate					
location, date acquired) Automobiles					
make, model, year) Other					
List)					
TOTAL ASSETS					\$
CREDIT OBLIG	GATIONS Include	charge accounts, installment contract arate sheet if necessary.	ts, credit cards, rent	mortgages and oth	er obligations.
Creditor	Account Number	Name in which account is carried	Original Amount	Present Balance	Monthly Payme
andlord or Mortgage Holder	☐ Rent Payment		\$ (OMIT RENT)	\$ (OMIT RENT)	\$
Other Credit Obligations (list)	☐ Mortgage		\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
TOTAL CREDIT OBLIGATIONS				\$	\$
certify that everything I have stat authorize you to check my credit a credit information at your request	and employment history and to	any attachments is correct. You may keep o answer questions others may ask you al nes.	this application whethe	er or not it is approved with you. I understand	I. By signing below that I must update
order mornianon at your roqueet		<del>,</del>			
Applicant's Signature	emember □Yes □No	Date Co-Applicant's Sign		er □Yes □No	Date
Sei vice		and in Commention -1			
Late	payments, missed payments	ort information about your account to cress, or other defaults on your account may	be reflected in your c	redit report.	
INSI	RANCE DISC	LOSURE FOR CRE	DIT APPL	ICATION	
		TIL YOU CAREFULLY REA			S CONTENT
PURPOSE: You have submitted an application	on for a loan. In connection	with your loan application. Lender may ou with the following disclosures.			
CREDIT DISCLOSURES:  1. Lender, as a condition of gran	nting you a loan, cannot requi	re that you purchase an insurance product uire your agreement not to obtain or pro	or annuity from Lendo	er or any of its affiliate	es. luct or annuity
from an unaffiliated entity.  ACKNOWLEDGEMENT:					
	NOWLEDGE THAT I HAVI	E READ, RECEIVED AND UNDERST	AND THIS INSURA	NCE DISCLOSURE	
X	Applicant		I	Date	
CO-APPLICANT:					
X	Co-Applicant		ī	Date	
BY SIGNING BELOW, I ACK! THE APPLICANT AND THAT LENDER:	NOWLEDGE ON BEHALF	OF THE LENDER THAT AN ORAL I EDGED RECEIPT OF THE DISCLOSI	DISCLOSURE OF IN		JLY MADE TO
X	Authorized Signer		т	Date	
	Aumorized Signer		1		

Title: