

## CREDIT APPLICATION

**IMPORTANT: Please read these directions before completing this Application, and check (✓) the appropriate box below.** If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.

If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E.

**WE INTEND TO APPLY FOR JOINT CREDIT:**

If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying, if the requested credit is to be secured, then complete Section E.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**  
 To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

AMOUNT REQUESTED \$ \_\_\_\_\_  
 PAYMENT DATE DESIRED \_\_\_\_\_  
CO-APPLICANT  
 SOCIAL SECURITY NO. OR TAX ID NO. \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_  
 EXT. \_\_\_\_\_

### SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle) \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 SOCIAL SECURITY NO. OR TAX ID NO. \_\_\_\_\_  
 EXT. \_\_\_\_\_

**IF U.S. PERSON:** (Complete all that apply)  
 STATE \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_  
 STATE \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_  
 OTHER (MILITARY ID, TRIBAL ID, ETC.) \_\_\_\_\_

**IF NON U.S. PERSON:** (Complete all that apply)  
 STATE \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_  
 STATE \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_  
 OTHER \_\_\_\_\_

**U.S. PERSON:** (Complete all that apply)  
 INDIVIDUAL TAXPAYER ID NO. \_\_\_\_\_ NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE, WHEN FILED: \_\_\_\_\_  
 GOVERNMENT ISSUED DOCUMENT NO. \_\_\_\_\_  
 OTHER \_\_\_\_\_

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or, IF MILITARY, APO OR FPO ADDRESS or, IF N/A, NEXT OF KIN OR FRIEND ADDRESS? \_\_\_\_\_  
 HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_

PREVIOUS ADDRESS (Street, City, State, & Zip) \_\_\_\_\_  
 HOW LONG AT PREVIOUS ADDRESS? \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

PRESENT EMPLOYER (Company Name & Address) \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ POSITION OR TITLE \_\_\_\_\_ HOW LONG WITH PRESENT EMPLOYER? \_\_\_\_\_  
 NAME OF SUPERVISOR \_\_\_\_\_

PREVIOUS EMPLOYER (Company Name & Address) \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ POSITION OR TITLE \_\_\_\_\_ HOW LONG WITH PREVIOUS EMPLOYER? \_\_\_\_\_  
 NAME OF SUPERVISOR \_\_\_\_\_

YOUR PRESENT GROSS SALARY OR COMMISSION PER \$ \_\_\_\_\_  
 YOUR PRESENT NET SALARY OR COMMISSION PER \$ \_\_\_\_\_  
 AGES OF DEPENDENTS \_\_\_\_\_

**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, or separate maintenance received under:  Court Order  Written Agreement  Oral Understanding

OTHER INCOME SOURCES OF OTHER INCOME \_\_\_\_\_  
 \$ \_\_\_\_\_ PER \_\_\_\_\_  
 Is any income listed in this Section likely to be reduced before the credit requested is paid off?  No  Yes (Explain) \_\_\_\_\_

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 CHECKING ACCT. NO. \_\_\_\_\_ WHERE? \_\_\_\_\_  
 SAVINGS ACCT. NO. \_\_\_\_\_ WHERE? \_\_\_\_\_  
 TELEPHONE NO. (Include Area Code) \_\_\_\_\_

### SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary)

FULL NAME (Last, First, Middle) \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT (If any) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 SOCIAL SECURITY NO. OR TAX ID NO. \_\_\_\_\_  
 EXT. \_\_\_\_\_

**IF U.S. PERSON:** (Complete all that apply)  
 STATE \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_  
 STATE \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_  
 OTHER (MILITARY ID, TRIBAL ID, ETC.) \_\_\_\_\_

**IF NON U.S. PERSON:** (Complete all that apply)  
 STATE \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_  
 STATE \_\_\_\_\_ DATE OF ISSUANCE \_\_\_\_\_ STATE \_\_\_\_\_ DATE OF EXPIRATION \_\_\_\_\_  
 OTHER \_\_\_\_\_

**U.S. PERSON:** (Complete all that apply)  
 INDIVIDUAL TAXPAYER ID NO. \_\_\_\_\_ NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE, WHEN FILED: \_\_\_\_\_  
 GOVERNMENT ISSUED DOCUMENT NO. \_\_\_\_\_  
 OTHER \_\_\_\_\_

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or, IF MILITARY, APO OR FPO ADDRESS or, IF N/A, NEXT OF KIN OR FRIEND ADDRESS? \_\_\_\_\_  
 HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_

PRESENT EMPLOYER (Company Name & Address) \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ POSITION OR TITLE \_\_\_\_\_ HOW LONG WITH PRESENT EMPLOYER? \_\_\_\_\_  
 NAME OF SUPERVISOR \_\_\_\_\_

PREVIOUS EMPLOYER (Company Name & Address) \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ POSITION OR TITLE \_\_\_\_\_ HOW LONG WITH PREVIOUS EMPLOYER? \_\_\_\_\_  
 NAME OF SUPERVISOR \_\_\_\_\_

YOUR PRESENT GROSS SALARY OR COMMISSION PER \$ \_\_\_\_\_  
 YOUR PRESENT NET SALARY OR COMMISSION PER \$ \_\_\_\_\_  
 AGES OF DEPENDENTS \_\_\_\_\_

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 \$ \_\_\_\_\_ PER \_\_\_\_\_  
 Is any income listed in this Section likely to be reduced before the credit requested is paid off?  No  Yes (Explain) \_\_\_\_\_

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_  
 CHECKING ACCOUNT NO. \_\_\_\_\_ WHERE? \_\_\_\_\_  
 SAVINGS ACCOUNT NO. \_\_\_\_\_ WHERE? \_\_\_\_\_  
 TELEPHONE NO. (Include Area Code) \_\_\_\_\_

### SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit)

APPLICANT  Married  Separated  Unmarried (including single, divorced, or widowed)

