

AMOUNT REQUESTED: _____

CREDIT APPLICATION

TYPE OF APPLICATION: INDIVIDUAL JOINT

NOTICE - JOINT CREDIT: WE INTEND TO APPLY FOR JOINT CREDIT _____

(INITIALS)



PROCEEDS OF CREDIT TO BE USED FOR: _____

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PRINT FULL NAME OF APPLICANT			DATE OF BIRTH	SOCIAL SECURITY #	# OF DEPENDENTS
PRESENT STREET ADDRESS:			CITY	STATE	ZIP
PREVIOUS STREET ADDRESS:			CITY	STATE	ZIP
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:			ADDRESS	CITY	STATE ZIP PHONE RELATIONSHIP
HOME PHONE:	RESIDENTIAL STATUS:		<input type="radio"/> OWN <input type="radio"/> RENT <input type="radio"/> LIVE WITH RELATIVE	MORTGAGE HOLDER/LANDLORD	PMT
PRESENT EMPLOYER			JOB TITLE	YEARS THERE	PHONE
PREVIOUS EMPLOYER			JOB TITLE	YEARS THERE	PHONE

ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS BASIS FOR REPAYING THIS OBLIGATION. RECEIVED UNDER COURT ORDER WRITTEN AGREEMENT ORAL UNDERSTANDING

PRESENT WAGE OR SALARY	<input type="radio"/> PER WEEK <input type="radio"/> PER MONTH <input type="radio"/> PER YEAR	OTHER INCOME	<input type="radio"/> PER WEEK <input type="radio"/> PER MONTH <input type="radio"/> PER YEAR	SOURCE OF OTHER INCOME
\$ _____		\$ _____		
<input type="radio"/> GROSS <input type="radio"/> NET		<input type="radio"/> GROSS <input type="radio"/> NET		

HAVE YOU EVER RECEIVED CREDIT FROM US? IF YES, WHEN? OFFICE:

BANK DEPOSITS	<input type="radio"/> CHECKING ACCOUNT <input type="radio"/> SAVINGS ACCOUNT	INSTITUTION AND BRANCH: _____
		INSTITUTION AND BRANCH: _____

OUTSTANDING DEBTS: (INCLUDE CHARGE ACCOUNTS, INSTALLMENT CONTRACTS, CREDIT CARDS, ETC. USE A SEPARATE SHEET IF NECESSARY.)

CREDITOR	TYPE OF DEBT OR ACCT. #	NAME ON ACCOUNT	ORIGINAL DEBT	PRESENT DEBT	PAYMENT	PAST DUE Y/N

CREDIT REFERENCES						

NAME OF APPLICANT <input type="radio"/> JOINT <input type="radio"/> COSIGNER		DATE OF BIRTH	SOCIAL SECURITY #	# OF DEPENDENTS
PRESENT STREET ADDRESS:		CITY	STATE	ZIP
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU:		ADDRESS	CITY	STATE ZIP PHONE RELATIONSHIP
HOME PHONE:	RESIDENTIAL STATUS:		<input type="radio"/> OWN <input type="radio"/> RENT <input type="radio"/> LIVE WITH RELATIVE	MORTGAGE HOLDER/LANDLORD
				PMT
PRESENT EMPLOYER		JOB TITLE	YEARS THERE	PHONE
PREVIOUS EMPLOYER		JOB TITLE	YEARS THERE	PHONE

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\$ _____		\$ _____		
<input type="radio"/> GROSS <input type="radio"/> NET		<input type="radio"/> GROSS <input type="radio"/> NET		

HAVE YOU EVER RECEIVED CREDIT FROM US? IF YES, WHEN? OFFICE:

BANK DEPOSITS	<input type="radio"/> CHECKING ACCOUNT <input type="radio"/> SAVINGS ACCOUNT	INSTITUTION AND BRANCH: _____
		INSTITUTION AND BRANCH: _____

ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT? YES NO FOR WHOM? TO WHOM?

ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU? YES NO AMOUNT? TO WHOM OWED?

HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST 14 YEARS? YES NO WHERE? YEAR?

SECURED CREDIT (COMPLETE ONLY IF CREDIT IS TO BE SECURED.) BRIEFLY DESCRIBE THE PROPERTY TO BE GIVEN AS SECURITY:

NAME OF CO-OWNER OF THE PROPERTY	ADDRESS	CITY	STATE	ZIP	PHONE	RELATIONSHIP
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Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT'S SIGNATURE _____	DATE _____	OTHER APPLICANT'S SIGNATURE _____	DATE _____
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