

CONSUMER LOAN APPLICATION

perjury I certify that the above number is my correct taxpayer identification number.

Date

Other Signature

Date

Applicant's Signature

Account Requested (Check appropriate box)					n your own income or e only sections A and	r assets and not the inco C.)	me or assets of anothe	
If intended to apply for joint credit, please initial below.				r person. (Relations	hip to co-applicant, if	any		
Applicant Co-Applicant	☐ Individual C		redit in your owr			ny, child support, or sepa Complete section A and C		
Date	Amount Requested		Specific Purpose of			Collateral Offere	· · · · · · · · · · · · · · · · · · ·	
SECTION A - In	formation Re	egarding Ap	plicants:	SECURED Part 2 Second A	UNSECURED pplicant, endorser, gu	NEW NOTE arantor	RENEWED NOTE	
Name		DO	В	Name			DOB	
Mailing Address	Address Years There				Years There			
Street Address				Street Address				
City, State, Zip			City, State, Zip					
Soc Sec #			Soc Sec#	Soc Sec#				
Home Phone					# Dependents (inc self)			
Rent Own	,				Own Live with Relatives			
Landlord or Mortgager	Re	nt or Mo. Payment	\$	Landlord or Mort	gager	Rent or Mo. Paym	nent \$	
Prior Address	ss Years There				Years There			
City, State, Zip				City, State, Zip				
Name Nearest Relative (not living with you) Relationship				Name Nearest R (not living with yo				
Address	dress Phone #				Phone #			
Your Employer	our Employer Years There				Years There			
City, State, Zip				City, State, Zip	City, State, Zip			
Bus Phone	·				Bus Phone Salary per month \$			
Title/Position					Title/Position			
Last Employer	pployer Years There				Last Employer Years There			
City, State, Zip					City, State, Zip			
Your Bank Checking Savings				Your Bank	Checking Savings			
Section B - MAI	RITAL STATU	JS (Do not comple	ete if this is an Ap	plication for unsecur	red credit)			
	Applicant							
Section C - CRE	EDIT REFER	,	nclude charge ac Use Separate she		contracts, credit card	ds, rent, mortgages, etc.)	1	
Name and Address of Creditor Type of Debt/Acct. #		ct. # Name ir	which Acct. carried	Collateral	Unpaid Balance	Monthly Payment		
Are you a co-maker, endorser, or Yes If "Yes", guarantor on any loan or contract? No for Whom?					To Whom?			
Are there any unsatisfied judgements against you?					If "Yes", To Whom Owed?			
Have you been declared Yes If "Yes", bankrupt in the last 5 years? No Where?					Year			
Section D - CRE	DIT LIFE AN	ND DISABIL	ITY INSUF	RANCE				
Applicant desires the following voluntary insurance:					☐ Credit Life ☐ Credit Disability		lit Disability	
Co-Applicant desires the following voluntary insurance:					Credit Life			
Everything that I have sapproved. You are authorized								



Credit Application Insurance Disclosure

I have applied for an extension of credit from you. You are offering, selling, or requiring insurance as a part of the extension of credit.

My choice of an insurer or producer shall not affect your credit decision or credit terms in any way. However, you may impose reasonable requirements concerning the credit worthiness of the insurer and the scope of the coverage chosen.

By signing, I acknowledge that I have received a copy of this disclosure on today's date.

<u>X</u>	
	Date
X	
	Date