|  |   |                       | CREDIT A                                | PPLICATION                                     | •              |                                 |              |                                  |  |  |  |  |
|--|---|-----------------------|---|--|----------------|---------------------------------|--------------|----------------------------------|--|--|--|--|
| 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. (Please initial here) |   |                       |   |  |                |                                 |              |                                  |  |  |  |  |
| Applicant Co-Applicant 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 about the person 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.  |   |                       |   |  |                |                                 |              |                                  |  |  |  |  |
| AMOUNT RE  |   |                       |   | CREDIT TO BE USED                              |                |                                 |              |                                  |  |  |  |  |
| \$ SECTION A   | - INFORMATION RE                                    | CARRING ARRIVE        |   |  |                |                                 |              | 12                               |  |  |  |  |
|  | (Last, First Middle)                                | GARDING APPLIC        | BIRTH DATE SOCIA                        |  |                | AL SECURITY NO.                 |              |                                  |  |  |  |  |
| PRESENT AL   | DDRESS (Street, City                                | , State, & Zip)       |   | PHONE  |                | HOW LONG AT<br>PRESENT ADDRESS? |              |                                  |  |  |  |  |
| PREVIOUS A   | ADDRESS (Street, Cit                                | y, State, & Zip)      | <del>7</del>                            |  |                | HOW LONG AT PREVIOUS ADDRESS?   |              |                                  |  |  |  |  |
| PRESENT EN   | MPLOYER (Company                                    | Name & Address)       |   | W  |                |                                 |              |                                  |  |  |  |  |
| HOW LONG WITH PRESENT EMPLOYER?  | YOUR POSITION                                       | NAME OF SUPERVIS      | NAME OF SUPERVISOR BUSIN                |  |                |                                 |              |                                  |  |  |  |  |
| PREVIOUS E   | -   |                       | HOW LONG WITH PREVIOUS EMPLOYER?        |  |                |                                 |              |                                  |  |  |  |  |
| YOUR PRESENT GROSS S   | SALARY OR COMMISSION                                | YOUR PRESENT NET SALA | ARY OR COMMISSION                       | NO. DEPENDENTS                                 | AGES OF        | DEPENDENTS                      |              |                                  |  |  |  |  |
| \$   | PER   | \$                    | PER                                     | NO. DEI ENBENTS                                | AGES OF        | DEFENDENTS                      |              |                                  |  |  |  |  |
| Alimony, chil<br>Alimony, chil   | d support, or separate<br>d support, separate m     | maintenance incom     | ne need not be reveale                  | d if you do not wish t<br>r □ Written Agreemer | o have it co   | nsidered as a basis             | for repaying | this obligation.                 |  |  |  |  |
| OTHER INCO   |   | SOURCES OF O          |   |  |                |                                 | fotal \$     |                                  |  |  |  |  |
|  | PER   |                       |   |  |                |                                 |              |                                  |  |  |  |  |
| Have you ever  | - 1000000000000000000000000000000000000             | □ No<br>□ Yes - When? | Checking Accoun                         | t No   | Where?         |                                 |              |                                  |  |  |  |  |
| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Include Area Code   |   |                       |   |  |                |                                 |              |                                  |  |  |  |  |
| 1.   |   |                       | 217111011111111111111111111111111111111 | ·  | CLATION.       | SHIP IELEPH                     | ONE NO. (II  | iciude Area Code)                |  |  |  |  |
| 2.   |   |                       |   |  |                |                                 | * ********** |                                  |  |  |  |  |
| SECTION B -  | INFORMATION RE                                      | GARDING JOINT A       | APPLICANT OR OTH                        | IER PARTY (Use sepa                            | rate sheets    | if necessary.)                  |              |                                  |  |  |  |  |
| FULL NAME  | (Last, First, Middle)                               |                       |   |  | BIRTH D        | ATE                             | SOCIAL SI    | ECURITY NO.                      |  |  |  |  |
| RELATIONSHIP TO APPLI  | CANT (If Any)                                       | PRESENT ADD           | RESS (Street, City, St                  | ate, & Zip)                                    |                |                                 | 1            | HOW LONG AT<br>PRESENT ADDRESS?  |  |  |  |  |
| PRESENT EN   | 1PLOYER (Company                                    | Name & Address)       |   |  |                |                                 | HOME PH      | ONE                              |  |  |  |  |
| HOW LONG WITH PRESENT EMPLOYER? POSITION OR TITLE  |   |                       |   | NAME OF SUPERVISOR BU                          |                |                                 |              | BUSINESS PHONE Ext.              |  |  |  |  |
| PREVIOUS E   | MPLOYER (Compan                                     | y Name & Address)     |   |  |                |                                 |              | HOW LONG WITH PREVIOUS EMPLOYER? |  |  |  |  |
| YOUR PRESENT GROSS S   |   | YOUR PRESENT NET SALA | RY OR COMMISSION                        | NO. DEPENDENTS                                 | AGES OF        | DEPENDENTS                      |              |                                  |  |  |  |  |
| Alimony, chil  | DER d support, or separate                          | maintenance incom     | PER                                     | d if you do not wish t                         | o have it co   | nsidered as a basis             | for repaying | this obligation.                 |  |  |  |  |
| OTHER INCO   |   |                       |   | er 🗆 Written Agreeme                           | ent 🗆 Oral     | Understanding<br>               |              |                                  |  |  |  |  |
| \$   | PER   | SOURCES OF O          |   |  |                |                                 |              |                                  |  |  |  |  |
| reduced befor  | e listed in this Section<br>re the credit requested |                       | □ No □ Yes (Explain)                    |  |                |                                 |              |                                  |  |  |  |  |
|  | olicant or Other Party<br>credit from us?           | □ No<br>□ Yes         | 1                                       | t No   |                |                                 |              |                                  |  |  |  |  |
| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Include Area Code)  |   |                       |   |  |                |                                 |              |                                  |  |  |  |  |
|  |   |                       |   | n for individual unsecu                        |                |                                 |              |                                  |  |  |  |  |
| APPLICANT<br>OTHER PAR   |   |                       |   | Unmarried (Includin                            |                |                                 |              |                                  |  |  |  |  |
|  |   |                       |   | Unmarried (Includin                            | y sirigie, aiv |                                 | u)           |                                  |  |  |  |  |

| SECTION D - ASSET & DEBT INFORI   | MATION                                    | ,                                      |  |                                      |                           |                    |                     |  |
|---|---|--|--|--------------------------------------|---------------------------|--------------------|---------------------|--|
| If Section B has been completed, this<br>Please mark Applicant-related inform | s section should be<br>nation with an "A" | complete, giving<br>. If Section B was | information about l<br>not completed, on | ooth the Applica<br>ly give informat | nt and Joint Appli        | cant or Other l    | Person.<br>Section. |  |
| ASSETS OWNED (Use separate she  | eet if necessary.)                        |  |  |                                      |                           |                    |                     |  |
| DESCRIPTION OF ASSETS   | VALUE                                     | SUBJECT TO DEBT?<br>Yes/No             |  |                                      |                           | in the second      |                     |  |
| CASH  | \$  |  |  |                                      |                           |                    |                     |  |
| AUTOMOBILES (Make, Model, Year  | -)  |  |  |                                      |                           |                    |                     |  |
| 1   |   |  |  |                                      |                           |                    |                     |  |
| 2   |   |  |  |                                      |                           |                    |                     |  |
| 3   |   |  |  |                                      |                           |                    |                     |  |
| CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)                             |   |  |  |                                      |                           |                    |                     |  |
| REAL ESTATE (Location, Date Acquired)   |   |  |  |                                      |                           |                    |                     |  |
| MARKETABLE SECURITIES (Issuer, Type, No. of Shares)                           |   |  |  |                                      |                           |                    |                     |  |
| OTHER (list)  |   |  | <del> </del>                             |                                      |                           |                    |                     |  |
| TOTAL ASSETS  |   | \$                                     |  |                                      |                           |                    |                     |  |
| OUTSTANDING DEBTS (Include char   | ge accounts, installn                     | 1 .                                    | cards rent mortgage                      | es etc. Use senar                    | rate sheet if necessar    | vi -               |                     |  |
| CREDITOR  | TYPE OF DEBT OR<br>ACCOUNT NUMBER         |  | ACCOUNT IS CARRIED                       | ORIGINAL                             | PRESENT                   | MONTHLY            | PAST DUE            |  |
| LANDLORD OR MORTGAGE HOLDER   |   |  |  | (OMIT RENT)                          | BALANCE<br>(OMIT RENT)    | PAYMENTS           | YES/NO              |  |
|   | □MORTGAGE                                 |  |  |                                      | <b>c</b>                  | 6                  |                     |  |
|   |   |  |  | \$                                   | \$                        | \$                 | <del> </del>        |  |
|   |   |  |  |                                      |                           | -                  | -                   |  |
|   |   |  |  |                                      |                           |                    |                     |  |
|   |   |  |  |                                      |                           |                    |                     |  |
|   |   |  |  |                                      |                           |                    |                     |  |
|   |   |  |  |                                      |                           |                    | +                   |  |
|   |   |  |  |                                      |                           |                    | -                   |  |
| TOTAL DEBTS   |   |  | \$                                       | \$                                   | \$                        |                    |                     |  |
| CREDIT REFERENCES (PAID OFF ACC   | COUNTS)                                   |  |  | T = 1                                |                           | DATE PAI           | D OFF               |  |
|   |   |  |  |                                      |                           |                    |                     |  |
|   |   | -                                      |  |                                      |                           |                    |                     |  |
| MY AUTO INSURANCE AGENT IS: (Name   | e & Address)                              |  | DRIVERS<br>LICENSE # -                   |                                      |                           | STATE -            |                     |  |
| Are you a co-maker, endorser, or  | □ No                                      |  |  |                                      |                           |                    |                     |  |
| quarantor on any loan or contract?  Are there any unsatisfied judgements      | ☐ Yes - For Whom?<br>☐ No                 |  |  | To Whom?                             |                           |                    |                     |  |
| against you?  Have you been declared bankrupt                                 | ☐ Yes - Amount \$                         |  | If "Yes", To Wh                          | nom Owed?                            |                           |                    |                     |  |
| in the last 10 years?   | ☐ Yes - Where?                            |  |  | Year                                 | ?                         |                    |                     |  |
| OTHER OBLIGATIONS (For example, liabi   | lity to pay alimony, o                    | child support, separa                  | te maintenance. Use                      | separate sheet if                    | necessary.)               |                    |                     |  |
| SECTION E - SECURED CREDIT (C   | Complete only if cre                      | edit is to be secure                   | d.) Briefly describe                     | the property to                      | he given as securi        | tv                 |                     |  |
| PROPERTY DESCRIPTION  | Tompiete only it or                       | 3411.0 10 20 000410                    | a., Briefly describe                     | the property to                      | be given as securi        | cy.                |                     |  |
|   |   | •••••                                  | •••••                                    | •••••                                |                           |                    |                     |  |
|   | •••••                                     |  |  |                                      |                           |                    |                     |  |
| IF VEHICLE, PLEASE COMPLETE   | COLOR-                                    | MODEL-                                 |  | PLATE NO                             |                           |                    |                     |  |
| NAMES & ADDRESSES OF ALL CO-  | OWNERS OF THE I                           | PROPERTY                               |  |                                      |                           |                    |                     |  |
|   |   |  |  | ••••••                               |                           | •••••              |                     |  |
| SECTION F - CREDIT DISCLOSURE:  |   |  |  |                                      |                           |                    |                     |  |
| THE LENDER MAY NOT CONDITION A<br>(1) My purchase of an insurance             | AN EXTENSION OF product or annuity for    | CREDIT ON EITHI                        | ER:                                      |                                      |                           |                    |                     |  |
| (2) My agreement not to obtain,   | or a prohibition on n                     | ne from obtaining, an                  | insurance product or                     | annuity from an u                    | naffiliated entity.       |                    |                     |  |
| SIGNATURES:  Everything that I have stated in this application                | is correct to the best of                 | my knowledae Tunder                    | stand that you will retain               | this Application wh                  | ether or not it is approv | ed You are author  | orized to           |  |
| check my credit and employment history and to                                 | answer questions abo                      | ut your credit experience              | ce with me. I further ackr               | nowledge that I have                 | received the disclosure   | es described in Se | ction F             |  |
| APPLICANT'S SIGNATURE   | DATE                                      | OTHER SIGNATU                          | OTHER SIGNATURE (Where Applicable)  DATE |                                      |                           |                    |                     |  |
| V   |   |  | 34                                       |                                      |                           |                    |                     |  |