

CREDIT APPLICATION

BUYER:

CHECK ONE:	<input type="checkbox"/> If you are applying for individual credit in your own name, are not married, and are not relying on alimony, child support, or separate maintenance payments or on the income or assets of another person as the basis for repayment of the credit requested, complete only Section A, D & E.					
	<input type="checkbox"/> In all other situations, complete all sections, providing information about your spouse, a joint applicant or the person on whose alimony, support, or maintenance payments or income or assets you are relying.					
SECTION A Information Regarding Applicant	Full Name (Last, First, Middle)		Birth date	Social Security Number	No. of Dependents & Ages	
	Present Street Address (Street, City, State, Zip)			Home Phone	How long there?	
	Previous Address (Street, City, State, Zip)				How long there?	
	Present Employer	How Long Employed?	Bus. Phone	Position or Title	Name of Supervisor	
	Employer's Address					
	Previous Employer	How long employed?	Previous employer's address			
	Present Net Salary/Commission \$ per	<small>*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. (If it is to be considered, please include that amount in "Other" income below). Alimony, child support, separate maintenance received under:</small> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding <input type="checkbox"/>				
	Other Income* \$ per	Sources of other income				
	Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail on separate sheet.					
	Name of nearest relative not living with you	Relative's Address (street, City, State, Zip)		Phone No.	Relationship	
	SECTION B Information Regarding Joint Applicant Spouse, or Other Party	Full Name (Last, First, Middle)		Birth date	Social Security Number	No. of Dependents & Ages
		Present Street Address (Street, City, State, Zip)			Home Phone	How long there?
Previous Address (Street, City, State, Zip)				How long there?		
Present Employer		How Long Employed?	Bus. Phone	Position or Title	Name of Supervisor	
Employer's Address						
Previous Employer		How long employed?	Previous employer's address			
Present Net Salary/Commission \$ per		<small>*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. (If it is to be considered, please include that amount in "Other" income below). Alimony, child support, separate maintenance received under:</small> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding <input type="checkbox"/>				
Other Income* \$ per		Sources of other income				
Is any income listed in this Section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail on separate sheet.						
Name of nearest relative not living with joint Applicant, Spouse or Other Party		Relative's Address (street, City, State, Zip)		Phone No.	Relationship	
Relationship to Joint Applicant, Spouse or Other Party		No. of Dependents or Joint Applicant, Spouse, or Other Party & Ages				

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SECTION C	Applicant: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. Single, divorced or widowed)	Fire Insurance Co. Insuring Collateral		
Marital Status	Other Party: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. Single, divorced or widowed)	Name & Address of Agent		Phone No.
SECTION D	Briefly describe property:			
Real Estate Security	Address of property: (Street, City, State, Zip)	Amount of Ins. \$	Expiration Date	Policy No.
				Premium \$ per
	Year Acquired	Original Cost \$	Mort. or Contract Bal. \$	Mo. Payments \$
				Interest Rate(s) %
	Description of any improvements since acquired			Mortgage Co. or Escrow Agent / Branch
				Cost of Improvements \$
	Full Name of Applicants Spouse		Full Name of Spouse of Joint Applicant or Other Party	
	Full Name and Address of Any Co-Owners of the Property			
SECTION E	If Section B has been completed, this Section should be completed giving information for both the Applicant & Spouse, Joint Applicant or Other Party. Please mark Applicant Information with an "A". If Section B was not completed, only give information about the Applicant in this Section.			
Asset & Debt Information (Include any unsatisfied Judgements)	ASSETS	(If maintained in other name, list name)		
		LIABILITIES	BALANCE	MO. PAYMENT
	Cash on hand or in Bank	Loans from Banks, Finance Co's.	\$	\$
	Automobile, Make & Year	Auto. financed by		
	Real Estate - Date Purchased & Purchase Price	Mortgage Holder or Landlord		
	Stocks & Bonds (Current Market Value)	Budget or Charge Accounts		
	Cash Surrender Value of Life Insurance			
		Alimony or Child Support Owing		
		Credit Unions		
	TOTAL: ASSETS	TOTAL LIABILITIES	\$	\$

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 Signature (where applicable)	Date
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