

HOW TO APPLY • Complete all sections. • Return this completed Application to us.
 Please print in ink or type. • You must sign this Application on the reverse side. • IMPORTANT: An incomplete or unsigned Credit Application may delay processing.

Notice: Married Applicants May Apply For A Separate Account. Check the appropriate box below to indicate the type of credit for which you are applying.

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 **Applicant Section only**. If this is an application for joint credit with another person, complete all Sections providing information in the Co-Applicant Section.

If you are married and live in a community property state, complete all sections including Co-Applicant Section providing information about your spouse. We intend to apply for joint credit, please initial here: Applicant Co-Applicant

REQUESTED AMOUNT \$ _____	PURPOSE _____	COLLATERAL OFFERED _____
REPAYMENT METHOD <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Cash Pay <input type="checkbox"/> Military Allotment <input type="checkbox"/> Other: _____		(All Loans May Also Be Secured By Other Collateral)

1. CREDIT INSURANCE STATEMENT OF INTENT Do you want this loan protected by: Single Credit Life Insurance YES NO Joint Credit Life Insurance YES NO Single Credit Disability Insurance YES NO

If you checked "yes", we will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions of the credit insurance must be signed in order for the coverage to become effective. Credit Insurance is voluntary and not required to obtain this loan.

2. APPLICANT INFORMATION

APPLICANT: Please print in ink or type. OTHER: CO-APPLICANT SPOUSE CO-SIGNER
 Use "SAA" if information is "Same As Applicant."

NAME (Last - First - Initial) _____ DRIVER'S LICENSE NUMBER _____ STATE _____ ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ HOME PHONE _____ BUSINESS PHONE _____ PRESENT ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT HOW LONG? _____ PREVIOUS ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT HOW LONG? _____ COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed) LIST AGES OF DEPENDENTS NOT LISTED BY CO-APPLICANT (Exclude Self) _____	NAME (Last - First - Initial) - Means you are applying for joint credit. _____ DRIVER'S LICENSE NUMBER _____ STATE _____ ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ HOME PHONE _____ BUSINESS PHONE _____ PRESENT ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT HOW LONG? _____ PREVIOUS ADDRESS (Street - City - State - Zip) _____ <input type="checkbox"/> OWN <input type="checkbox"/> RENT HOW LONG? _____ COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single - Divorced - Widowed) LIST AGES OF DEPENDENTS NOT LISTED BY APPLICANT (Exclude Self) _____
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3. EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER _____ JOB TITLE _____ DEPARTMENT _____ SUPERVISOR _____ STARTING DATE _____ AVERAGE HOURS WORKED WEEKLY _____ IF SELF-EMPLOYED, NATURE OF BUSINESS _____ IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER'S NAME AND ADDRESS STARTING DATE _____ ENDING DATE _____ IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE ? _____ ENDING/SEPARATION DATE _____	NAME AND ADDRESS OF EMPLOYER _____ JOB TITLE _____ DEPARTMENT _____ SUPERVISOR _____ STARTING DATE _____ AVERAGE HOURS WORKED WEEKLY _____ IF SELF-EMPLOYED, NATURE OF BUSINESS _____ IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER'S NAME AND ADDRESS STARTING DATE _____ ENDING DATE _____ IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WHERE ? _____ ENDING/SEPARATION DATE _____
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4. INCOME INFORMATION

IMPORTANT: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

EMPLOYMENT INCOME \$ _____ per _____ OTHER INCOME _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE _____	EMPLOYMENT INCOME \$ _____ per _____ OTHER INCOME _____ <input type="checkbox"/> NET <input type="checkbox"/> GROSS SOURCE _____
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5. REFERENCES

LIST THREE (3) RELATIVES NOT LIVING WITH YOU

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____	NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____	NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____	NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ HOME PHONE _____

