

Please Print (in ink) or Type

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.

- Individual Credit: Complete Applicant section. Complete other section as follows: (1) Information about your spouse if you are living in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or if your spouse with use the Account. (2) Information about the party making the payments if you are relying on alimony, spousal support, child support or separate/spousal maintenance as a basis for repayment.
Joint Credit: Provide information about both of you by completing Applicant and Co-Applicant sections.

PURPOSE OF LOAN AMOUNT REQUESTED CREDIT LIMIT REQUESTED TYPE OF LOAN Choose one or more. Credit Card - VISA Debit Card - Mastercard Signature Collateral Loan (Car, Boat, Computer, etc.)

APPLICANT CO-APPLICANT NAME ACCOUNT NUMBER STREET ADDRESS HOW LONG CITY, STATE, ZIP DATE OF BIRTH CURRENT RESIDENCE SOCIAL SECURITY # DEPENDENTS INCLUDING SELF HOME PHONE # PREVIOUS ADDRESS

EMPLOYMENT EMPLOYER (If part time, # of hrs. weekly) WORK PHONE ADDRESS (CITY & STATE) JOB TITLE LENGTH OF EMPLOYMENT MONTHLY GROSS SALARY

PLEASE SUBMIT VERIFICATION OF INCOME WITH YOUR APPLICATION FORMER EMPLOYER LENGTH OF EMPLOYMENT ADDTL. INCOME SOURCE MONTHLY

RELATIVES RELATIVE (Not living with you) RELATIONSHIP PHONE # ADDRESS (STREET, CITY, STATE & ZIP)

FINANCIAL INFORMATION CREDITOR'S NAME & ADDRESS INTEREST RATE CREDIT LIMIT PRESENT BALANCE MONTHLY PAYMENT RENT/MORTGAGE VEHICLE #1 YEAR MAKE MODEL FINANCED WITH CHILD SUPPORT, CHILD CARE, ALIMONY CREDIT CARDS

LIST ALL OUTSTANDING OBLIGATIONS. (If more space is needed, use a separate sheet.) TOTALS

THESE QUESTIONS APPLY TO BOTH APPLICANT AND CO-APPLICANT

IF A "YES" ANSER IS GIVEN TO A QUESTION, EXPLAIN ON AN ATTACHED SHEET. APPLICANT CO-APPLICANT Are you a party in a law suit or foreclosure? Have you any outstanding judgements of court orders?

CREDIT LIFE AND DISABILITY INSURANCE By checking the appropriate box below, you may apply for Credit Life and/or Credit Disability Insurance on your loan. Credit Disability Single Credit Life Insurance Joint Credit Life Insurance

ISSUE AN AUTHORIZED USER CREDIT CARD IN THE NAME OF: AUTHORIZED USERS NAME (Please print clearly)

SIGNATURES You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. Applicant Signature Date Co-Applicant Signature Date