

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER

1. If You are applying for joint credit with Your Spouse/Co-Applicant, are relying on Your Spouse's income as a source of repayment for the credit requested or if You live in a community property state: AZ, CA, ID, LA, NM, NV, TX, WA, WI, or Puerto Rico, complete the Spouse/Co-Applicant section and the following:

Married Separated Unmarried (Includes Single, Divorced and Widowed)

2. **Married applicants can apply for individual credit.** Indicate if You would like:

Individual Credit Joint Credit with Your Spouse/Co-Applicant

Definitions: Whenever used in this application, the words "You" or "Your" refer to the applicant(s), and the words "We", "Us" and "Our" refer to the Lender.

Type of Credit Applied For Loan Amount/Credit Limit Desired: \$ _____ Purpose: _____

Signature Line of Credit (including Overdraft Protection) Certificate Secured Loan Auto Loan New Used Refinance

Share Secured Loan Signature Loan

Method of Payment: Cash Payment Automatic Share Transfer Payroll Deduction

APPLICANT

FIRST NAME	INITIAL	LAST NAME	JR./SR.
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YY)	
STREET ADDRESS		APT. NO.	
CITY		STATE	ZIP
AREA CODE AND HOME TELEPHONE NUMBER		DRIVER'S LICENSE NUMBER	
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	HOW LONG AT ADDRESS?	MO. RENT OR MORTGAGE PMT.
<input type="checkbox"/> RELATIVE	<input type="checkbox"/> OTHER	YRS. M	
PERSONAL REFERENCES (NOT LIVING WITH YOU) NAME AND TELEPHONE NUMBER			

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	JR./SR.
SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YY)	
STREET ADDRESS		APT. NO.	
CITY		STATE	ZIP
AREA CODE AND HOME TELEPHONE NUMBER		DRIVER'S LICENSE NUMBER	
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	HOW LONG AT ADDRESS?	MO. RENT OR MORTGAGE PMT.
<input type="checkbox"/> RELATIVE	<input type="checkbox"/> OTHER	YRS. M	
PERSONAL REFERENCES (NOT LIVING WITH YOU) NAME AND TELEPHONE NUMBER			

EMPLOYMENT AND INCOME

If self-employed or retired, attach prior 2 years Federal income tax returns or retirement income verification. You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.

NAME OF CURRENT EMPLOYER OR BUSINESS	
CURRENT JOB TITLE OR OCCUPATION	ANNUAL SALARY
STREET ADDRESS	
CITY	STATE ZIP
AREA CODE AND EMPLOYER'S TELEPHONE NUMBER	HOW LONG WITH CURRENT EMP.? YRS. M
DESCRIPTION OF ANY OTHER INCOME	MONTHLY AMOUNT
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU	
PERSONAL REFERENCE - NAME, ADDRESS & TELEPHONE	

NAME OF CURRENT EMPLOYER OR BUSINESS	
CURRENT JOB TITLE OR OCCUPATION	ANNUAL SALARY
STREET ADDRESS	
CITY	STATE ZIP
AREA CODE AND EMPLOYER'S TELEPHONE NUMBER	HOW LONG WITH CURRENT EMP.? YRS. M
DESCRIPTION OF ANY OTHER INCOME	MONTHLY AMOUNT
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU	
PERSONAL REFERENCE - NAME, ADDRESS & TELEPHONE	

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

APPLICANT SIGNATURE	DATE	SPOUSE/CO-APPLICANT SIGNATURE	DATE
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