

CREDIT APPLICATION

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: (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 in B about the person on 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.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

| | | |
|------------------------|----------------------|-----------------------------------|
| AMOUNT REQUESTED \$ | PAYMENT DATE DESIRED | PROCEEDS OF CREDIT TO BE USED FOR |
|------------------------|----------------------|-----------------------------------|

SECTION A - INFORMATION REGARDING APPLICANT

| | | | | | | | |
|--|-------------------------------------|---|---|---|--------------------------------------|---|----------------------------------|
| FULL NAME (Last, First Middle) | | | | AGE | BIRTH DATE | ARE YOU A U.S. CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| IF U.S. PERSON OR NON U.S. (Complete all that apply) | DRIVERS LICENSE NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | SOCIAL SECURITY NO. or TAX I.D. NO. | | |
| | STATE ID CARD NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | OTHER (MILITARY ID, TRIBAL ID, ETC.) | | |
| | PASSPORT NO. & COUNTRY OF ISSUANCE: | INDIVIDUAL TAXPAYER ID NO. | NO TAXPAYER ID NO. BUT HAVE FILLED APPLICATION FOR ONE, WHEN FILED: | GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE: | OTHER | | |
| PRESENT ADDRESS (Street, City, State, & Zip) | | | | | PHONE | HOW LONG AT PRESENT ADDRESS? | |
| PREVIOUS ADDRESS (Street, City, State, & Zip) | | | | | EMAIL ADDRESS | HOW LONG AT PREVIOUS ADDRESS? | |
| PRESENT EMPLOYER (Company Name & Address) | | | | | | | |
| HOW LONG WITH PRESENT EMPLOYER? | YOUR POSITION OR TITLE | | | NAME OF SUPERVISOR | | BUSINESS PHONE Ext. | |
| PREVIOUS EMPLOYER (Company Name & Address) | | | | | | | HOW LONG WITH PREVIOUS EMPLOYER? |
| YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER | | YOUR PRESENT NET SALARY OR COMMISSION \$ PER | | NO. DEPENDENTS | AGES OF DEPENDENTS | | |

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,
Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

| | | |
|------------------------|-------------------------|----------|
| OTHER INCOME \$ PER | SOURCES OF OTHER INCOME | Total \$ |
|------------------------|-------------------------|----------|

| | | | |
|--|---|--|---------------------------------------|
| Have you ever received credit from us? | <input type="checkbox"/> No <input type="checkbox"/> Yes - When? | Checking Account No. Where? | Savings Account No. Where? |
|--|---|--|---------------------------------------|

| | | |
|--|--------------|-----------------------------------|
| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | RELATIONSHIP | TELEPHONE NO. (Include Area Code) |
| 1. | | |
| 2. | | |

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)

| | | | | | | | |
|--|--|---|---|---|--------------------------------------|---|--|
| FULL NAME (Last, First Middle) | | | | AGE | BIRTH DATE | ARE YOU A U.S. CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| IF U.S. PERSON OR NON U.S. (Complete all that apply) | DRIVERS LICENSE NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | SOCIAL SECURITY NO. or TAX I.D. NO. | | |
| | STATE ID CARD NO. | STATE | DATE OF ISSUANCE | DATE OF EXPIRATION | OTHER (MILITARY ID, TRIBAL ID, ETC.) | | |
| | PASSPORT NO. & COUNTRY OF ISSUANCE: | INDIVIDUAL TAXPAYER ID NO. | NO TAXPAYER ID NO. BUT HAVE FILLED APPLICATION FOR ONE, WHEN FILED: | GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE: | OTHER | | |
| RELATIONSHIP TO APPLICANT (If Any) | PRESENT ADDRESS (Street, City, State, & Zip) | | | | | HOW LONG AT PRESENT ADDRESS? | |
| PRESENT EMPLOYER (Company Name & Address) | | | | | | HOME PHONE | |
| HOW LONG WITH PRESENT EMPLOYER? | YOUR POSITION OR TITLE | | | NAME OF SUPERVISOR | | BUSINESS PHONE Ext. | |
| PREVIOUS EMPLOYER (Company Name & Address) | | | | | | HOW LONG WITH PREVIOUS EMPLOYER? | |
| YOUR PRESENT GROSS SALARY OR COMMISSION \$ PER | | YOUR PRESENT NET SALARY OR COMMISSION \$ PER | | NO. DEPENDENTS | AGES OF DEPENDENTS | | |

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,
Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

| | |
|------------------------|-------------------------|
| 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"/> No <input type="checkbox"/> Yes (Explain) |
|--|---|

| | | | |
|--|---|--|---------------------------------------|
| Has Joint Applicant or Other Party ever received credit from us? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Checking Account No. Where? | Savings Account No. Where? |
|--|---|--|---------------------------------------|

| | | |
|--|--------------|-----------------------------------|
| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | RELATIONSHIP | TELEPHONE NO. (Include Area Code) |
|--|--------------|-----------------------------------|

SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)

| | | | |
|-------------|----------------------------------|------------------------------------|--|
| APPLICANT | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (Including single, divorced, and widowed) |
| OTHER PARTY | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (Including single, divorced, and widowed) |

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this section should be completed, giving information about both the Applicant and Joint Applicant or Other Person mark Applicant-

related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

| DESCRIPTION OF ASSETS | VALUE | SUBJECT TO DEBT? YES/NO | NAMES OF OWNERS |
|---|-------|----------------------------|-----------------|
| 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) | | | |
| TOTAL ASSETS | \$ | | |

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

| CREDITOR | TYPE OF DEBT OR ACCOUNT NUMBER | NAME IN WHICH ACCOUNT IS CARRIED | ORIGINAL DEBT | PRESENT BALANCE | MONTHLY PAYMENTS | PAST DUE? YES/NO |
|-----------------------------|--|----------------------------------|-------------------|-------------------|------------------|------------------|
| LANDLORD OR MORTGAGE HOLDER | <input type="checkbox"/> RENT PAYMENT <input type="checkbox"/> MORTGAGE | | (OMIT RENT) \$ | (OMIT RENT) \$ | \$ | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL DEPTS | | | \$ | \$ | \$ | |

CREDIT REFERENCES (Paid Off Accounts)

DATE PAID OFF

| CREDIT REFERENCES (Paid Off Accounts) | DATE PAID OFF |
|---------------------------------------|---------------|
| | |
| | |

MY AUTO INSURANCE AGENT IS: (Name & Address)

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes - For Whom? To Whom?

Are there any unsatisfied judgments against you? No Yes - Amount \$ If "Yes", To Whom Owed?

Have you been declared bankrupt in the past 10 years? No Yes - Where? Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

SECTION E - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

.....

IF VEHICLE PLEASE COMPLETE: COLOR- MODEL- PLATE NO.-

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

.....

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (If any)

.....

SIGNATURES

CREDIT DISCLOSURES: An insurance product may be offered with this product. If an insurance product is offered an extension of credit cannot be conditioned on either of the following: (1) Your purchase of an insurance product from this Bank or any of our affiliates; or (2) Your agreement NOT to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this Application you agree that you have read and understand these Disclosures.

Everything that I have stated in this Application is correct to the best of my knowledge. I understand credit and employment history and answer questions about your credit experience with me. that you will retain this Application whether or not it is approved. You are authorized to check my

APPLICANT'S SIGNATURE DATE APPLICANT'S SIGNATURE (Where Applicable) DATE

X X