

CONSUMER LOAN APPLICATION

Date of Application

		loint Inte	ent Request:						
			·						
If you inte	end to apply for joint credit	t, please initial he							
			Primary Applicant	Spouse / Co-A	Applicant				
		General I	Information:						
Loan Amount Requested:			Type of Loan Requested:						
Loan Term Requested: Proceeds to be used for:			Requested 1st Payment	Requested 1st Payment Date:					
Collateral Offered:									
Collateral Offered.									
		Borrower(s	s) Information:						
Primary Applicant			Spouse / Co Applicant						
Full Legal Name of Applicant Social Security Number		Legal Name of Spous	se / Co-Applicant	Social Security Number					
Date of Divita Dhone Number	r Email Addı	Y000	Date of Divith Dhone N	bar	Email Add	***			
Date of Birth Phone Number	r Email Addi	ress	Date of Birth Phone N	umber	Email Add	ress			
Primary Residence S	treet Address (no P.O. Box	xes)	Primary Resid	ence Street Addre	ss (no P.O. Bo	xes)			
,			- · · · · · · · · · · · · · · · · · · ·						
City	State Zip	How Long?	City	State	Zip	How Long?			
Mailing Address				Mailing Addres	s				
0''	0(-(- 7'-		0:4:	04-4-	7'				
City	State Zip		City	State	Zip				
	Name and phone num	her of a relative	not living with you that we	e may contact:					
Name and phone number of a relative not living with you that we may contact: Name: Phone Number: Phone Number:									
		Employmer	nt and Income:						
Employer	Occupation/Position	How Long?	Employer	Occupa	tion/Position	How Long?			
Faralassa Addasa	Cross	Colome (coorder)	Fuerdayen A	Cusas	Calama (asamba)				
Employer Addres	s Gross :	Salary (yearly)	Employer A	Gross Salary (yearly)					
	Value	e of Assets (Rou	nd to nearest thousand):						
Checking/Savings:			Checking/Savings:						
Investment Accounts:			Investment Accounts:						
Retirement Accounts:			Retirement Accounts:						
Automobiles: Real Estate:			Automobiles: Real Estate:						
Other Assets:			Other Assets:						
Other 7,000to.									
			Information						
Applies to Primary Applicar	nt and/or Co-Applicant	Yes No	Expl	anation or Dollar A	mount				
Guaranteed / Cosigned Debt? Defendant in any suit or legal ac	tion?	+ + +							
Judgements / Garnishments / At		+ + +							
- 13gss.t.or - carriorinomo / / t									
Everything that I have stated in this		-	-		whether or not	it is approved.			
You are authorized to check my cree	dit and employment history a	and will answer qu	estions about your credit experie	ence with me.					
Applicant's Signa	Applicant's Signature Date			Spouse/Co-Applicant (if applicable) Date					



Addendum to Application

If you have been living	g at your currer	nt primary residen	ce for less than	2 years, pleas	se fill out the s	ection belo	ow:	
Primary Applicant					use / Co Appli			
Prior Primary Residence 1: Stree	et Address (no P.	O. Boxes)	Prior Pri	imary Residenc	e 1: Street Addr	ess (no P.O	. Boxes)	
City S	tate Zip	How Long?		City	State	Zip	How Long?	
Primary Residence 2: Street	Address (no P.O.	Boxes)	Prima	ary Residence 2	2: Street Address	s (no P.O. B	oxes)	
City S	tate Zip	How Long?		City	State	Zip	How Long?	
Oily O	tatop	now Long :		on,	Otato	p	non zong.	
1	•	'			•			
If you have been working	g at your curren	nt place of employ	ment for less th	an 2 years, pl	ease fill out the	e section b	pelow:	
Employer Oc	ccupation/Positio	n How Long?	En	nployer	Occupati	on/Position	How Long?	
Employer Address	Gros	ss Salary (yearly)		Employer Addr	2000	Gros	ss Salary (yearly)	
Employer Address	Gios	ss Salary (yearly)		Employer Addi		GIUS	ss Salary (yearly)	
Employer Oc	ccupation/Positio	n How Long?	En	nployer	Occupati	on/Position	How Long?	
Employer Address	Gros	ss Salary (yearly)		Employer Addr	222	Gros	ss Salary (yearly)	
Lilipioyei Addiess	Gios	ss Salary (yearly)		Employer Addi		Olus	ss Salary (yearly)	
	•							
If someone other than the Prima	ry Applicant or	Spouse/Co Appli	cant will be grar	nting the colla	teral, please fi	ll out the s	ection below:	
Legal Name of Grantor	Legal Name of Grantor Social Security Number		Legal Name of Grantor			Social Security Number		
Date of Birth Phone Number	Date of Birth Phone Number Email Address		Date of Birth	Date of Birth Phone Number			Email Address	
Primary Residence Street Address (no P.O. Boxes)			Primary Residence Street Address (no P.O. Boxes)					
City	tate Zip	How Long?		City	State	Zip	How Long?	
	ADDITIO	ONAL NOTES, EX	DI ANATION DIS	SCI OSLIDES				
	AUUITI	JNAL NOTES, EX	PLANATION, DIS	OCLUSURES				

Page Certification: I hereby represent and warrant the above information to be true and complete. Initials: Initials: