Date Ti	me



## CREDIT APPLICATION INSTRUCTIONS

If you are applying for a separate and individual account, answer only the questions in Section 1, 4 & 5.

If you are applying for a separate and individual account which your spouse will also use, answer the questions in Sections 1, 2, 4, & 5.

If you are applying for a joint account which your spouse will also use and will also sign for, answer the questions in Sections 1, 2, 3, 4, & 5.

Also complete Sections 1, 2, 3, 4, & 5 if you are relying on our spouse's income in applying for this account or relying on alimony, child supp

Also complete sections 1, 2, 3, 4	, , , ,		SECTION 1 API			*			1.19		y a space	
First Name	Middle					Birthdate	e Social Security No.					
Address (Residence)	(Marca (Decidence)		City	State			How Long:					
Address (hesidelice)		Unit/Apt# City			Zip		ng: Yrs Mos.		Driver's License No.			
Home Phone (	Cell Phone	Mailing	Address (if different fr	rom Residence)			City		<u> </u>	State	Zip	
( ) – (	) –											
Residential Status:		Other _			ow Long:		Monthly R	ent/Mtg	. Pmt. \$			
Previous Full Address (If less t	han 3 years)						E-Mail Add	dress:				
EMPLOYMENT and INCOME INFOR	MATION, Note: Alimony shi	ld augus ad ac				Mos.	have it som	idened e	h	for remark	an thin ablimati	
Employer Name / Self-Em			r separate maintenance in Monthly Income: \$	come need not be	revealed if	Length of Empl		Occup		tor repayii	ng this obligati	
Employer Name 7 🗀 con Em	proyou		Other Income: \$			Longin or Emp	oymon:	Cooup	ation			
		5	Source:			Yrs	Mos.					
Employer Phone Number		Р	revious Employer Nam	е		Length of Empl	oyment	Оссир	ation			
_ ( ) _			(If less than 3 years)			Yrs						
SECTION 2 CO-APPLICAN First Name	T INFORMATION - This Middle	person is a		t Applicant t Name	Joint A	pplicant C			rl al Secur		icant Spous	
FIIST Name	Midule		LdS	it ivaille		Dirtiluate	·	3000	ai Secui _	•	_	
Address (If different than Appli	cant's)	Unit/Apt #	<sup>4</sup> City	State	Zip	How Lon	g			r's Licens	e No.	
						Y	Yrs		L	1		
Home Phone	Cell Phone	Mailing	Address (if different fr	rom Residence)			City			State	Zip	
( ) –	( ) –											
Residential Status: Own		Other_							. Pmt. \$			
Previous Full Address (If less t	nan 3 years)				low Long:	Moo	E-Mail Add	dress:				
		SEC	TION 3 CO-APPLIC	ANT INCOME		Mos.						
Employer Name / Self-Employed			SECTION 3 CO-APPLICANT INCOME INFORMA  Monthly Income: \$			Length of Employment Occupation						
Employer Name / Gon Employed			Other Income: \$		20941 0							
			Source:			Yrs						
Employer Phone Number			revious Employer Nam	е		Length of Emplo	•	Occup	ation			
SECTION 4 CREDIT and DE	RT INFORMATION: If you	,	f less than 3 years)	unity property	state or a	Yrs		this cr	adit is I	ocated in	such the	
Seller/Lessor will assume the	at all assets and income	are comm	unity property and all	l debts are com	munity ob	ligations, unless	you indica	te othe	rwise o	n this ap	plication.	
Bank Reference			Account No	0.:					_	-	Savings	
Type of Loan: Mortgage	Payment: \$	yment: \$ Balance: \$			Creditor:							
☐ Auto	Payment: \$		Balance: \$		(	Creditor:						
Has any party to this applicatio												
Has any party to this applicatio Had a vehicle repossessed?			nt name?	☐ No If yes	s, what nam	ne?						
riau a veriicie repossesseu?	res no res	, explain	SECTION 5	REFERENC	ES /Dogu	irod\						
Nearest relative not living w	ith vou:		SECTION 3	NEFENERU	ES (NEYU	ii Gu j						
Name	Address			Phone		Relation	ship					
List 0 additional references				( )								
List 2 additional references:	Address			Phone		Relation	shin					
				( )								
Name	Address			Phone		Relation	ship					
	I			1 \ /		I						
HEREBY CERTIFY	THAT THE ABOV	E INFO	RMATION IS									
TRUE AND CORREC	T AND MAY BE	VERIFIE	D BY YOU.									
					Sign	ature of Applicant					ate	
TH Prtg. #20836					Signat	ure of Co-Applicant						

NameAddress												
COMMENTS	Date Paid	Lata Charga	Date Paid	Debit	Cred	:.	Balance					
COMMENTS	Late Charge	Late Charge	Date Faid	Deon	Cred	1	Dalaile					
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