

MASTER APPLICATION

MUST BE COMPLETED IN INK OR TYPED

WELCOME TO YOUR CREDIT	FUNION. WE BELONG TO Y	YOU.				
AMOUNT REQUESTED F	RESIDENCE?			IDENCE2		
Complete Applicant sections if o child support, or separate mainter are relying on property located in or community property trust. Com	nance or on the income or assets o	dered for loan appro f another person as basis for repayment o , CA, ID, LA, NM, N	val. Complete App the basis for repay of the credit reques V, TX, WA, and WI.	blicant and Co-Applicant so ment of credit requested; (2) ted; or (4) if you are an Alasi	) if you reside in ka resident subje	bu are relying on income from alimony, a Community Property State; (3) if you act to a community property agreement w:
We intend to apply for joint credit.	(Appli	cant Initials)		(Co-Applicant Initials)		
VISA CREDIT CARD: Complete	Applicant section. Complete Co-ap	plicant section if and	ther person other th	an yourself will be using the	VISA account.	SEE IMPORTANT INFORMATION
Visa Platinum Visa Gol	d Number of Cards:	If Authorized u	iser, name:			ABOUT CREDIT CARDS
		AF	PPLICANT			ACCOUNT NUMBER
PLEASE TELL US ABOUT YOU		_				
CHECK ONE IF YOU RESIDE IN OR ARE RELYING ON F OR IF YOU ARE APPLYING FOR OTHER THAN INDIVIDU/ MARRIED UNMARRIED (Single, Divorced or Widowed)	ROPERTY IN A COMMUNITY PROPERTY STATE AL UNSECURED CREDIT. SEPARATED	DATE OF BIRTH SOCIAL SECURIT		SOCIAL SECURITY NUMBER	R NO	. DEPENDENTS/AGES
LAST NAME FIF	RST NAME INITIAL	OTHER NAMES US	SED FOR CREDIT		DR	IVER'S LICENSE NO. & STATE
PLEASE TELL US WHERE YO	DU LIVE					
PRESENT STREET ADDRESS		CITY		STATE Z	ΊP	HOW LONG?
OWN C/O PARENTS/RELATIVE RENT OTHER:	S PREVIOUS ADDRESS (If present	address less than 3 ye	ears)	CITY		STATE ZIP
HOME PHONE NUMBER	MAIL ADDRESS (If different from	present address or pos	st office box)	CITY		STATE ZIP
PLEASE TELL US ABOUT YOU	UR EMPLOYMENT					
PRESENT EMPLOYER	EMPLOYER'S ADDRESS	CIJ	ΓY	STATE Z	ΊP	SINCE MONTH YEAR
POSITION WORK PHONE AND EXT.		S	SUPERVISOR'S NAME		GROSS MONTHLY INCOME \$	
PREVIOUS EMPLOYER (If current position less than 5 years)	on ADDRESS	CITY		STATE ZIP	HOW LONG?	PHONE NUMBER
OTHER INCOME NOTICE: Do not list alin payments unless you wish them consider requested. If listed, verification may be re	ed as a basis for repayment of the cre	enance	OTHER INCOME	AMOUNT  \$  \$		TOTAL MONTHLY INCOME \$
REFERENCES						
NEAREST NAME RELATIVE NOT LIVING WITH YOU	RELATIONSHIP A	DDRESS	CITY	STA	te zip	PHONE NUMBER
PERSONAL FRIEND (NOT A RELATIVE)	A	DDRESS	CITY	STA	te zip	PHONE NUMBER
	CO-APPLICANT	NON-APPL	ICANT SPOUS	E/OTHER GUAF	RANTOR	
CHECK ONE IF YOU RESIDE IN OR ARE RELYING ON F OR IF YOU ARE APPLYING FOR OTHER THAN INDIVIDUA MARRIED UNMARRIED (Single, Divorced or Widowed)	ROPERTY IN A COMMUNITY PROPERTY STATE AL UNSECURED CREDIT. SEPARATED	DATE OF BIRTH		SOCIAL SECURITY NUMBER	R	ACCOUNT NUMBER
LAST NAME FIF	RST NAME INITIAL	OTHER NAMES US	ED FOR CREDIT			NO. DEPENDENTS/AGES
DRIVER'S LICENSE NO. & STATE	PRESENT STREET ADDRESS	CITY		STATE Z	IP	HOW LONG?
OWN C/O PARENTS/RELATIVE RENT OTHER:	S HOME PHONE NUMBER	PREVIOUS ADDRE	SS (If present addres	ss less than 3 years) CITY		STATE ZIP
CO-APPLICANT, NON-APPLIC						
PRESENT EMPLOYER	EMPLOYER'S ADDRESS	CIT	ΓY	STATE Z	ΊP	SINCE MONTH YEAR
POSITION	WORK PHONE AND EXT.	S	UPERVISOR'S NAMI	Ξ		GROSS MONTHLY INCOME \$
PREVIOUS EMPLOYER (If current position less than 5 years)	on ADDRESS	CITY		STATE ZIP	HOW LONG?	PHONE NUMBER
OTHER INCOME NOTICE: Do not list alia payments unless you wish them consider requested. If listed, verification may be re	ed as a basis for repayment of the cre	enance	OTHER INCOME	amount  \$  \$	1	TOTAL MONTHLY INCOME \$
PLEASE COMPLETE PAGES	2 AND 3 FOR PROMPT SEF	RVICE		Ť		

ASSETS

	-				
(CHECK ONE OR BOTH BOXES)			DESCRIPTION	INTEREST RATE	CASH OR MARKET VALUE
APPLICA	ANT (	CO-APPLICANT			
					\$
					\$
					\$
					\$
					\$
					\$
				TOTALS	\$

LIA	BILITIES	S (LIST ALL DEBTS - AT	TTACHANOTHER SHEET IF NECESSARY)			
(CHECK ONE OR BOTH BOXES)		, ,	CREDITOR NAME	ACCOUNT NUMBER	MONTHLY INSTALLMENT	AMOUNT OWED
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
		ALIMONY/SPOUSAL CHILD SUPPORT			\$	\$
		OTHER			\$	\$
		OTHER			\$	\$
				TOTAL	<b>S</b> \$	\$
PL	EASE PF	ROVIDE INFORMATION	NON BOTH APPLICANTS (If you answer "yes" to a	question, explain on an attac	ned sheet.)	
IS Y NE	OUR INCO	OME LIKELY TO REDUCE IN TH S?	IE YES ARE YOU OR YOUR CO-APPLICANT PAST DUE ON INCOME OR REAL ESTATE TAXES?	YES ARE YOU A PARTY IN A NO LAWSUIT?	YES HAVE YOU AN NO JUDGEMENTS	IY OUTSTANDING YES S? NO

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**STATE NOTICES** 

WISCONSIN RESIDENTS ONLY: Marital Status:	Married	Unmarried
If married: the name of my spouse is		

YES

NO

HAVE YOU OR YOUR CO-APPLICANT EVER DECLARED BANKRUPTCY?

Legally Separated

ARE YOU CURRENTLY A CO-MAKER ON A LOAN?

YES

NO

DO YOU HAVE ANY CREDIT APPLICATION PENDING?

YES

NO

YES

NO

If married:	the name of my spouse
Spouse's S	SSN:

HAVE YOU EVER HAD YOUR AUTO, FURNITURE OR PROPERTY REPOSSESSED?

Spouse's Address (if different)

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: In accordance with Wisconsin Statutes section 766.55(1) by signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

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## THE GRANTING OF THIS SECURITY INTEREST IS A CONDITION FOR THE ISSUANCE OF CREDIT UNDER THIS APPLICATION.

IF YOUR APPLICATION IS APPROVED, YOU SPECIFICALLY GRANT US A CONSENSUAL SECURITY INTEREST IN ALL INDIVIDUAL AND JOINT ACCOUNTS YOU HAVE WITH US NOW AND IN THE FUTURE TO SECURE REPAYMENT OF CREDIT EXTENDED UNDER THIS AGREEMENT. YOU ALSO AGREE THAT WE HAVE SIMILAR STATUTORY LIEN RIGHTS UNDER STATE AND/OR FEDERAL LAW. IF YOU ARE IN DEFAULT, WE CAN APPLY YOUR SHARES TO THE AMOUNT YOU OWE.

Shares and deposits in an Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given are not subject to this security interest.

If you have other loans with us, collateral securing such loans will also secure your obligations under this Agreement, unless that other collateral is your principal residence or non-purchase money household goods.

(Applicant Initials)

(Co-Applicant Initials)

## TO PROCESS YOUR LOAN PLEASE READ THE FOLLOWING AND SIGN BELOW

## PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement or credit card agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

**Consumer and Credit Report Authorization.** By signing this Application, I authorize you to obtain my consumer and/or credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as reviewing my accounts or taking collection action on the account. I authorize you to receive and review other information about me, such as my employment and income information, from third-parties or consumer reporting agencies.

Vermont Residents: Applicant provided consent via phone \_\_\_\_\_ (Credit Union Initials)

Permission to contact: By providing a wireless telephone number (i.e., cell phone), I consent to receiving calls, including autodialed and prerecorded message calls, from the credit union or its third party debt collector at that number.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT (Where Applicable)	DATE
х		x	

HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.