

Individual Credit: Complete **Applicant** section. Complete **Co-Applicant, Spouse, Guarantor** (referred to as "Other") section:
 (1) about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or (2) if your spouse will use the Account, or (3) if there is a guarantor on this account. Please check the box to indicate whom the information is about.

Joint Credit: Provide information about both of you by completing **Applicant** and **Other** sections.

Amount Requested _____ **Purpose** _____

Collateral:

Repayment: Payroll Deduction Cash Military Allotment Automatic Payment

NOTICE OHIO APPLICANTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy 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.

1
NOTE AND COMPLETE

STATEMENT OF INTENT

Single Credit Life Insurance
 Joint Credit Life Insurance
 Credit Disability Insurance

Check coverage(s) desired. A separate insurance election which discloses the terms and conditions must be signed for coverages to become effective.

2
APPLICANT INFORMATION

APPLICANT

NAME (First - Initial - Last) _____

ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER/STATE _____

BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____

PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____

PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

CO-APPLICANT **SPOUSE** **GUARANTOR**
Referred to as "Other" Use "SAA" if information is "Same As Applicant"

NAME (First - Initial - Last) _____

ACCOUNT NUMBER _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER/STATE _____

BIRTH DATE _____ HOME PHONE _____ BUSINESS PHONE/EXT. _____

PRESENT ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____

PREVIOUS ADDRESS (Street - City - State - Zip) _____ OWN RENT
 YEARS AT THIS ADDRESS _____

COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:
 MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)

3
EMPLOYMENT INFORMATION

NAME AND ADDRESS OF EMPLOYER _____

YOUR TITLE/GRADE _____ SUPERVISOR'S NAME _____

START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____

IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____

STARTING DATE _____ ENDING DATE _____

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?
 WHERE YES NO
 ENDING/SEPARATION DATE _____

NAME AND ADDRESS OF EMPLOYER _____

TITLE/GRADE _____ SUPERVISOR'S NAME _____

START DATE _____ HOURS AT WORK _____ IF SELF EMPLOYED, TYPE OF BUSINESS _____

IF EMPLOYED IN CURRENT POSITION LESS THAN FIVE YEARS, COMPLETE PREVIOUS EMPLOYER NAME AND ADDRESS _____

STARTING DATE _____ ENDING DATE _____

MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR?
 WHERE YES NO
 ENDING/SEPARATION DATE _____

MILITARY

4
REFERENCES

Please include Street, City, State, and Zip.

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF _____ TELEPHONE _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ HOME PHONE _____

RELATIONSHIP _____

NAME AND ADDRESS OF PERSONAL FRIEND -- NOT A RELATIVE _____ HOME PHONE _____

NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF _____ TELEPHONE _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ HOME PHONE _____

RELATIONSHIP _____

NAME AND ADDRESS OF PERSONAL FRIEND -- NOT A RELATIVE _____ HOME PHONE _____