					PPLICATION				losed	End, Secu	red/Unsecured Credit	
IMPORTANT: Please read these FOR CREDITO		re completi	ng th	is Application	and check ⊠ the a							
DATE CLASS NO.				TYPE OF CREDIT REQUEST  IMPORTANT: Check ☑ the appropriate boxes below and complete the applicable sections:							ections:	
ACCOUNT NO					Individual Credit							
APPROVED By				Unsecured	Individual Credit - relying on my income or assets as well as income on assets from other source  JOINT CREDIT - We intend to apply for joint credit. (Initial)  Applicant  Co-Applicant						ssets from other sources	
DECLINED By					JOINT CREDIT	- We intend	to apply f	or joint cred	it. (Init	ial)	(Initial) Int Co-Applicant	
AMOUNT REQUESTED	PAYMENT DATE	DESIRED		PROCEEDS OF	CREDIT TO BE USED F					HOW LON		
\$												
-		SECTIO	NΙΔ	INFORMATI	ON REGARDING	APPLICAN	T					
FULL NAME (Last, First, Middle)		0201101		in Oranzar	BIRTHDATE	D.L.#	• •		SOC	AL SECURI	TY NO.	
}												
PRESENT ADDRESS (Street, City, State & Zig	<b>)</b>				RENT OWN	RESIDENTIAL PHONE HOW LO			LONG	NG AT PRESENT ADDRESS?		
PREVIOUS ADDRESS (Street, City, State & Z	ip)						LONG	ONG AT PREVIOUS ADDRESS?				
PRESENT EMPLOYER (Company Name & Address)												
HOW LONG WITH PRESENT YOUR PO	OSITION OR TITLE		-		NAMEOFS	UPERVISOR			T F	BUSINESS F	PHONE EXT	
EMPLOYER?												
PREVIOUS EMPLOYER (Company Name & A	adress)								E	HOW LONG WITH PREVIOUS EMPLOYER?		
YOUR PRESENT GROSS SALARY OR COMM \$ PER	MISSION	YOUR PRES	ENT	NET SALARY OR PER	COMMISSION	NO. DEPEN	DENTS	AGES OF	DEPE	NDENTS		
Alimony, child support, or separate mainten	ance income need	<u> 1</u>	led if		o have it considered as	a basis for n	epaying th	is obligation.				
Alimony, child support, separate maintenance OTHER INCOME		Cour	t Ord		ritten Agreement	-	Inderstan	_				
		300RCE(S)	OF O	INER BYCOME								
\$ PER								•				
Is any income listed in this section likely to be reduced before the credit requested is paid off		☐ Yes (	Evolain	in detali, use separal	te sheet if needed \							
Have you ever received credit from us?	Branch Office:				per		Where				Baiance	
□ No □ Yes	When?	I .		s Account Number			Where		~=		Balance	
NAME AND ADDRESS OF NEAREST RELAT	IVE NOT LIVING W	/ITH YOU				RELATIC	NSHIP	·		TELEPHO	NE NO. (include Area Code)	
											WL	
VERIFICATION OF IDENTIFICATION	ON - Borrower	: *Form of	lden					Date of	Issue	e:		
*Identification issued by/at:	······································	·····	<del></del>	*140	*Expiration Date of intification verified the	ID:		<del></del>				
*Identification Official Number: Name and address of someone who	will always kno	w vour loca	tion:		nuncauon vernied ti	irougn	······					
☐ OFAC/Gov. Lists ☐ Additional												
	SECTION E	3 - INFORM	IATI	ON REGARD	ING JOINT APPLIC	CANT OR	OTHER	PARTY				
Complete only if: for joint credit	, for individual or	edit relying o	on inc	ome or assets f			s married	and resides				
FULL NAME (Last, First, Middle)					BIRTHDATE	D.L.#			soc	IAL SECURI	TY NO.	
RELATIONSHIP TO APPLICANT (If Any)   PRESENT ADDRESS (Street, City,			State	& 7in)		RENT	OWN	RESIDENTA	N PHO	ONE HOW LONG AT		
((111))	NEGETTI /NOONLEG	o (011001, 011),		~ <u>_</u> .p,				1120121111			PRESENT ADDRESS?	
PRESENT EMPLOYER (Company Name & Address)						RENT OWN CELL PHONE			E		HOW LONG AT PREVIOUS ADDRESS?	
											FREYROOS ADDINESS!	
HOW LONG WITH PRESENT YOUR POSITION OR TITLE EMPLOYER?				NAME OF SUPERVISOR						BUSINESS PHONE EXT		
					<u> </u>				1.		WET LOOK #010	
PREVIOUS EMPLOYER (Company Name & A	(ddress									EMPLOYER	WITH PREVIOUS ?	
YOUR PRESENT GROSS SALARY OR COM	MISSION	YOUR PRES	SENT	NET SALARY OR	COMMISSION	NO. DE	PENDENT	S AGES OF	DEPE	ENDENTS		
\$ PER		s		PER								
Alimony, child support, or separate mainten	ance income need	no <u>t be</u> revea	led if	you do no <u>t wi</u> sh t	to have it considered as	a basis for r	epaying th	is obligation				
Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding												
OTHER INCOME		SOURCE(S)	OF O	THER INCOME								
\$ PER										* ***		
Is any income listed in this section likely to be	□ No □				erd_d,							
Lies Lies Application of Other Date . Description of Other . Description of Other . Description of Other . Description of Other . Description												
ever received credit from us?				ecking Account Number W								
☐ No ☐ Yes- When?				Savings Account Number						Balance		
NAME AND ADDRESS OF NEAREST RELAT	IVE NOT LIVING W	ALH AOO ,				RELATIC	NSHIP			TELEPHO	NE NO. (include Area Code)	
VERIFICATION OF IDENTIFICATION - Co-Borrower: *Form of Identification provided:       Date of Issue:         *Identification issued by/at:       *Expiration Date of ID:												
*Identification issued by/at:  *Expiration Date of ID:  *Identification Official Number:  *Identification verified through:												
Name and address of someone who will always know your location:												
☐ OFAC/Gov. Lists ☐ Additional Documentation Attached												
SECTION C - MARITAL STATUS	Complete only if	: for joint or	Secur	ed credit or an	plicant resides in a co	enmunity iye	merty eta	te or is robi	10.00	property le	cated in such a state as	
SECTION C - MARITAL STATUS Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.												
APPLICANT Married	Separated	Unmarried (i	includ	ing single, divorce	ed, and widowed)							
OTHER PARTY Married	Separated	===		ing single, divorce	•							

Section B was not completed, only give information			eparate sheet if necessar	V )						
DESCRIPTION OF ASSE	VALUE	SUBJECT TO DEBT? Yes/No								
CASH	\$									
AUTOMOBILES (Make, Model, Year)		·		1900 1						
1										
2										
CERTIFICATE OF DEPOSIT(S)	·····									
CASH VALUE OF LIFE INSURANCE (Issuer, Face										
REAL ESTATE (Location, Date Acquired)										
MARKETABLE SECURITIES (Issuer, Type, No. of	Shares)									
OTHER (List)										
TOTAL ASSETS		\$								
OUTSTANDING DEBTS (Includ	_									
CREDITOR -	TYPE OF DEBT OR ACCT NBR		IICH ACCOUNT IS ARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? Yes/No			
LANDLORD OR MORTGAGE HOLDER				(Omit Rent)	(Omit Rent)	TATMENTO	res/res			
	☐ Rent Payment ☐ Mortgage			_	_					
	mortgage			\$	\$					
						-				
						·				
TOTAL DEBTS										
	CDENIT DECE	RENCES (Paid Off Ac	counts)							
	ONEDIT NEI EI	CENCES (Faid Off Ac	.courts)			DATE P.	AID OFF			
MY AUTO INSURANCE AGENT IS: (Name & Addre	ss)	!		1						
Are you a co-maker, endorser, or guarantor on any loan or contract?	Yes - For Whom?									
Are there any unsatisfied judgements		<u> </u>	To Whom?				· ·			
against you?										
in the last 14 years?  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 desc	cribe the prope	erty to be give	n as security:				
PROPERTY DESCRIPTION										
NAMES & ADDRESSES OF ALL CO-OWNERS OF	THE PROPERTY									
TVINLES & NEEDELES OF MEEDELES OF	THE THOI EXT									
IF THE SECURITY IS REAL ESTATE, GIVE THE FL	JLL NAME OF YOUR SPO	USE (if any):								
					•					
INSURA	NCE DISCI	LOSURE - (	Consumer's C	hoice of	Provide	er.				
							edit is			
The financial institution may not engage in any practice that would lead a consumer to believe that an extension of credit is conditional upon either:										
(1) The purchase of an insurance product or annuity from the financial institution or any of its affiliates; or										
(2) An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or										
(3) A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.  You are free to obtain an insurance product or annuity from another source.										
TOU ALE TIEE TO ODIGIN A	i mourance p	JOUGUET OF AN	ituity from ano	uier sour	.e.					
SIGNATURES										
Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. It is illegal to receive credit by wrongfully stating income, assets, or other information on this form. I understand that I must update credit information at your request if my financial condition changes. By signing below I acknowledge receipt of the insurance anti-coerción disclosure and it has been discussed with me orally.										
update credit information at your request it my finan	cial condition changes. By	y signing below I acknowledg	ge receipt of the insurance anti-c	coerción disclosure a	nd it has been disc	ussed with me oral	ly.			
APPLICANTS SIGNATURE		DATE	OTHER SIGNATURE (Where	Applicable)		DATE				
A 2002 MATIONAL PANK PRODUCTO NO. 4 00	1077 0/-2		X							
© 2002 NATIONAL BANK PRODUCTS, INC., 1-800	277-9195 CA-ID (807)	(x 01/04) Special								

SECTION D - ASSET AND DEBT INFORMATION

## INSURANCE DISCLOSURE - Consumer's Choice of Provider (Customer Copy)

The financial institution may not engage in any practice that would lead a consumer to believe that an extension of credit is conditional upon either:

- (1) The purchase of an insurance product or annuity from the financial institution or any of its affiliates; or
- (2) An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or
- (3) A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.

You are free to obtain an insurance product or annuity from another source.