

GENERAL CREDIT APPLICATION
(For Wisconsin residents only)

Date of Application _____

To Creditor: _____

1. APPLICANT(S). Check one of the following boxes. You may apply for individual credit in your name only, joint credit in your name and the name of your spouse or joint credit in your name and the name(s) of other joint applicant(s). Note: Individual credit and joint credit may also be marital purpose debt under Wisconsin law.

- Individual Credit. Complete Column I and sign on page 3. Complete Column II with information about your spouse only if you are married **and** a Wisconsin resident. Only the applicant signs on page 3.
- Joint Credit with spouse as joint applicant. Complete Columns I and II. Both joint applicant spouses sign on page 3.
- Joint Credit with _____ (NAME) as joint applicant who **is not** your spouse. Each joint applicant must complete a separate application as if applying for individual credit and submit them together, including completing Column II if the joint applicant is married **and** a Wisconsin resident. Only the applicant signs on page 3.

2. LOAN Amount requested \$ _____ Purpose _____
To be secured by collateral Yes No. If yes, describe collateral _____
Owner(s) of collateral _____

	COLUMN I — Applicant	COLUMN II — Spouse
Name	_____	_____
Marital Status (For Wisconsin resident only)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Joint-Applicant (Joint Credit) <input type="checkbox"/> Non-Applicant <small>(If information is identical to Column I write "same" in Column II)</small>
Social Security No.	_____	_____
Drivers License No. and State	_____ State _____	_____ State _____
No. of Dependents Other Than Self & Spouse	Ages _____ Home Telephone _____	Ages _____ Home Telephone _____
Street Address	_____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	_____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
City, State & Zip	_____ How Long _____	_____ How Long _____
Previous Address	_____ How Long _____	_____ How Long _____
Employer Name	_____	_____
Employer Address	_____ Bus. Phone _____	_____ Bus. Phone _____
Position	_____ How Long _____	_____ How Long _____
Previous Employer	_____ How Long _____	_____ How Long _____
Medical Insurance Disability or Wage Continuation Insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes; Carrier _____ <input type="checkbox"/> No <input type="checkbox"/> Yes; Carrier _____ Available Monthly Benefit \$ _____ <small>(If currently receiving benefits under such a policy, list benefits in next section if wish to rely on benefits as a source of repayment.)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes; Carrier _____ <input type="checkbox"/> No <input type="checkbox"/> Yes; Carrier _____ Available Monthly Benefit \$ _____ <small>(If currently receiving benefits under such a policy, list benefits in next section if wish to rely on benefits as a source of repayment.)</small>
Other Income — Except alimony, child support and maintenance	\$ _____ Source _____ <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	\$ _____ Source _____ <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
Name of nearest relative not living with you	_____	_____
Address	_____ Zip _____	_____ Zip _____

INCOME FROM MEDICAL INSURANCE, DISABILITY OR WAGE CONTINUATION INSURANCE — Need not be revealed if applicant(s) does not choose to have it considered as a basis for repaying this obligation.

Kind of Income	_____	_____
Name of Payor	_____	_____
Address of Payor	_____ Zip _____	_____ Zip _____
When Payments Due	_____ Since When _____	_____ Since When _____
Amount per month	\$ _____ Ends _____	\$ _____ Ends _____

INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS — Need not be revealed if applicant(s) does not choose to have it considered as a basis for repaying this obligation.

Kind of Income	_____	_____
Name of Payor	_____	_____
Address of Payor	_____ Zip _____	_____ Zip _____
Payor's Employer	_____	_____
When Payments Due	_____ Since When _____	_____ Since When _____
Court	_____	_____
Amount per month	\$ _____ Ends _____ Amt. Past Due \$ _____	\$ _____ Ends _____ Amt. Past Due \$ _____

Is any listed income likely to be reduced before the credit requested is paid off?	_____
	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail on separate sheet)

INSTRUCTIONS FOR INFORMATION TO BE SUPPLIED BELOW

If married applicants are applying for Joint Credit, include all property of both spouses requested below.

If a married applicant is applying for Individual Credit or for Joint Credit with someone other than his or her spouse, include all marital property and all individual property of the applicant spouse requested below, but do not include individual property of the other spouse. A married applicant must in every case identify the liabilities of both spouses.

For purposes of this application:

Marital property means assets acquired with income of either spouse on or after 1-1-86; and

Individual property means property owned (whether in sole or joint name) by the named spouse prior to marriage, prior to establishing residence in Wisconsin, or prior to 1-1-86, however acquired, and property acquired by named spouse by gift or inheritance at any time.

	COLUMN I (Cont.)	COLUMN II (Cont.)
Checking Account at:	_____ Avg. Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint* With _____	_____ Avg. Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint* With _____
Savings or Certificate at:	_____ Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	_____ Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Savings or Certificate at:	_____ Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	_____ Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Stocks or Bonds:	_____ Market Val. \$ _____ Description <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____ Pledged to _____ Unpledged _____	_____ Market Val. \$ _____ Description <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____ Pledged to _____ Unpledged _____
Location of Real Estate Owned	_____	_____
Titled in name of	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Mortgage holder	_____	_____
Present Value	\$ _____ Cost \$ _____ Orig. Mtg. Amount \$ _____	\$ _____ Cost \$ _____ Orig. Mtg. Amount \$ _____
Mtg. Amt. Owing	\$ _____ Mortgage payment \$ _____	\$ _____ Mortgage payment \$ _____
VEHICLE OWNED Year and Make	_____	_____
Titled in name of	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Financed By	_____ Balance \$ _____	_____ Balance \$ _____
Insurance Agent or Company	_____	_____
VEHICLE OWNED Year and Make	_____	_____
Titled in name of	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Financed By	_____ Balance \$ _____	_____ Balance \$ _____
Insurance Agent or Company	_____	_____
Describe Other Assets Except Insurance	_____	_____
Titled in name of	_____	_____
Value	_____	_____
Vested Pension, HR-10, IRA, etc.	Owner _____ Amount _____	Owner _____ Amount _____
Liabilities as Guarantor	\$ _____ To Whom _____ For Whom _____	\$ _____ To Whom _____ For Whom _____
Defendant in Lawsuits	\$ _____ To Whom _____ For Whom _____ Plaintiff _____	\$ _____ To Whom _____ For Whom _____ Plaintiff _____
HAVE YOU EVER BEEN BANKRUPT, SURRENDERED COLLATERAL, OR HAD IT REPOSSESSED, OR HAD OR HAVE ANY JUDGMENT OR OTHER LEGAL PROCEEDINGS AGAINST YOU?	<input type="checkbox"/> No <input type="checkbox"/> Yes — give details _____	<input type="checkbox"/> No <input type="checkbox"/> Yes — give details _____
List other names under which you received credit in last 7 years	_____	_____

THE FOLLOWING LIFE INSURANCE POLICIES ARE OWNED BY PERSONS NAMED IN COLUMNS I & II ABOVE:

Name of Owner	Insured	Name of Co.	Face Amt.	Type	Beneficiary	Cash Val.	Policy Loans	Mo. Prem.
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

*"Joint" or Survivorship Marital Property which passes on death to the other named owner.

NOTICE TO MARRIED APPLICANTS: No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

LIST ALL DEBTS (OTHER THAN REAL ESTATE MORTGAGES), CREDIT CARDS, CHECK CREDIT, ACCOUNTS AND LEASES AT MERCHANTS, FINANCE COMPANIES, BANKS, CREDIT UNIONS, SAVINGS AND LOANS, INDIVIDUALS, ETC., WHETHER JOINT OR INDIVIDUAL, OF PERSONS NAMED IN COLUMNS I AND II. (ATTACH SEPARATE SHEET IF SPACE IS INADEQUATE.)

Name of Debtor	Name of Creditor	Address	Date Incurred	Collateral	Unpaid Balance	Mo. Payment
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____

Rent Payments by: _____ Landlord _____ How Much \$ _____

Liability to Pay Alimony Child Support Maintenance:

By Whom _____ How Much \$ _____ How Often _____ Ends _____ Amt. Past Due \$ _____

IF THE SPACE ABOVE IS INADEQUATE FOR ANY REQUIRED INFORMATION OR IF YOU WISH TO SUBMIT ADDITIONAL INFORMATION, USE THE FOLLOWING LINES.

NOTICE OF RIGHT TO RECEIVE COPY OF APPRAISAL: Under the Federal Equal Credit Opportunity Act, if the credit being applied for will be secured by a 1-4 family dwelling, you have the right to a copy of the appraisal report used in connection with your application. If a copy was not already provided to you and you wish a copy, please write to the creditor at the address on the face page of this application. Be sure to include your name and address. The creditor must hear from you no later than ninety (90) days after it notifies you about action taken on your application or you withdraw your application. In order to receive a copy of the appraisal report, you must also have paid for the appraisal the costs of photocopying the report.

NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by the creditor named above, the undersigned, jointly and severally, (1) represent that the above statements are true and complete, (2) authorize the creditor named above, or its agents, to verify them and obtain additional information concerning our credit, employment history or any other information, including credit reports (although the creditor may rely on these statements without any further verification), to furnish, to the extent not prohibited by applicable law, credit experience with me to others, and to answer any questions about our credit experience and other financial relationships with the creditor, and (3) agree to the provisions of any rules, regulations or agreements of the creditor governing such credit. This application is creditor's property. **The creditor may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless (1) I direct the creditor at the address shown above that such information is unrelated to my transactions or experiences with the creditor and may not be shared by the creditor with its affiliates, (2) the information constitutes "medical information" as defined under applicable federal law, or (3) if the information when provided to an affiliate would constitute a "consumer report" under applicable federal law.**

The undersigned understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, under the provisions of Title 18, United States Code, Section 1014.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING CREDIT

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 obtains credit.

What this means for you: When you obtain credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Applicant Sign Here _____ Date _____

Joint-Applicant Spouse Sign Here _____ Date _____
(Joint Credit Only)

For married Wisconsin resident:

The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the creditor may be required by law to give notice of this credit transaction to my spouse.

Applicant _____ Date _____

To be Completed by Interviewer

This application was taken by:

Face-to-face interview

Mail

Telephone

Internet