

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 Applicant column and sign on page 3. Complete Spouse column 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 Applicant and Spouse columns. Both joint applicant spouses sign on page 3.
- ☐ Joint Credit with _____ 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 Spouse column if the joint applicant is married **and** a Wisconsin resident. Only the applicant signs on page 3.

2. **LOAN** ☐ Amount requested \$ _____ Purpose _____
Collateral offered ☐ Yes ☐ No. If yes, describe collateral * _____
Owner(s) of collateral _____
Interest rate: _____ No. of Months: _____ Type: _____

| Applicant | | | I. APPLICANT INFORMATION | | | Spouse | | | | | | | | | | | |
|---|---------------|--|---|---------------|--|--|--|--|-------------------------|--|--|------------------------------|--|--|----------------|--|--|
| Applicant Name | | | Spouse Name | | | <input type="checkbox"/> Joint-Applicant (Joint Credit) <input type="checkbox"/> Non-Applicant | | | | | | | | | | | |
| (For Wisconsin resident only) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated | | | Dependents Other Than Self & Spouse No. Ages | | | Dependents (not listed by Applicant) No. Ages | | | | | | | | | | | |
| Social Security Number | Date of Birth | Driver's License (or <input type="checkbox"/> State ID Card) No. | Social Security Number | Date of Birth | Driver's License (or <input type="checkbox"/> State ID Card) No. | | | | | | | | | | | | |
| Driver's License (or <input type="checkbox"/> State ID Card) Name Expiration Date State Changed Name on Driver's License or State ID Card in Past 5 Years <input type="checkbox"/> No <input type="checkbox"/> Yes, and give Prior Name _____ | | | Driver's License (or <input type="checkbox"/> State ID Card) Name Expiration Date State Changed Name on Driver's License or State ID Card in Past 5 Years <input type="checkbox"/> No <input type="checkbox"/> Yes, and give Prior Name _____ | | | | | | | | | | | | | | |
| Home Phone | Cell Phone | E-Mail Address | Home Phone | Cell Phone | E-Mail Address | | | | | | | | | | | | |
| Present Address (Street, City, State & ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs. | | | Present Address (Street, City, State & ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs. | | | | | | | | | | | | | | |
| Previous Address (Street, City, State & ZIP) _____ No. Yrs. | | | Previous Address (Street, City, State & ZIP) _____ No. Yrs. | | | | | | | | | | | | | | |
| II. EMPLOYMENT INFORMATION | | | | | | | | | | | | | | | | | |
| Name & Address of Employer <input type="checkbox"/> Self Employed | | | Yrs. on this job | | | Name & Address of Employer <input type="checkbox"/> Self Employed | | | Yrs. on this job | | | | | | | | |
| | | | Gross Monthly Income \$ | | | | | | Gross Monthly Income \$ | | | | | | | | |
| Position | | | Business Phone | | | Position | | | Business Phone | | | | | | | | |
| Name of Previous Employer <input type="checkbox"/> Self Employed | | | Yrs. on this job | | | Name of Previous Employer <input type="checkbox"/> Self Employed | | | Yrs. on this job | | | | | | | | |
| III. OTHER INCOME - Except alimony, child support and maintenance | | | | | | | | | | | | | | | | | |
| (Need not reveal income from medical insurance, disability or wage continuation insurance if applicant(s) does not choose to have such income considered as a basis for repaying this obligation). | | | | | | | | | | | | | | | | | |
| Gross Monthly Income | | | Applicant | | | Spouse | | | Total | | | Describe Other Income Source | | | Monthly Amount | | |
| Overtime | | | \$ | | | \$ | | | \$ | | | Applicant | | | \$ | | |
| Bonuses | | | | | | | | | | | | Applicant | | | | | |
| Commissions | | | | | | | | | | | | Spouse | | | | | |
| Dividends/Interest | | | | | | | | | | | | Spouse | | | | | |
| Net Rental Income | | | | | | | | | | | | | | | | | |
| Other (complete section to the right to describe) | | | | | | | | | | | | | | | | | |
| Total (incl. base employment) | | | \$ | | | \$ | | | \$ | | | | | | | | |
| IV. 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 and Address of Payor | | | | | | Kind of Income | | | Name and Address of Payor | | | | | |
| Amount per Month | | | Ends | | | Amt. Past Due | | | Amount per Month | | | Ends | | | Amt. Past Due | | |
| \$ | | | | | | \$ | | | \$ | | | | | | \$ | | |
| When Payments Due | | | Since When | | | | | | When Payments Due | | | Since When | | | | | |
| Payor's Employer | | | | | | | Payor's Employer | | | | | | | | | | |
| Court | | | | | | | Court | | | | | | | | | | |
| Is any listed income likely to be reduced before the credit requested is paid off? | | | | | | | | | | | | | | | | | |
| No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain in detail on separate sheet) | | | | | | | | | | | | | | | | | |
| Name and Address of nearest relative not living with you | | | | | | | Name and Address of nearest relative not living with you | | | | | | | | | | |

*This is not a complete or final description of collateral.

| IV. INCOME - Cont | | | | | | |
|--|---------------------------|----------------------|---|---------------------------|--------------------------------------|-------------------------|
| Medical Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> Carrier | | | Medical Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> Carrier | | | |
| Disability or Wage Continuation Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> Carrier Available Monthly Benefit \$ | | | Disability or Wage Continuation Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> Carrier Available Monthly Benefit \$ | | | |
| (If currently receiving benefits under such a policy, list benefits in section V below if relying on benefits as a source of repayment.) | | | (If currently receiving benefits under such a policy, list benefits in section V below if relying on benefits as a source of repayment.) | | | |
| V. 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 and Address of Payor | | Kind of Income | Name and Address of Payor | | |
| Amount per Month \$ | Ends | | Amount per Month \$ | Ends | | |
| When Payments Due | Since When | | When Payments Due | Since When | | |
| VI. ASSETS AND LIABILITIES | | | | | | |
| 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. | | | | | | |
| ASSETS | | Cash or Market Value | LIABILITIES | | Monthly Payment & Months Left to Pay | Unpaid Balance |
| List checking and savings accounts below | | | Name and Address of Creditor | | \$ Payment/Months | \$ |
| Name and Address of Bank, S&L, or Credit Union | | | Acct no. | | | |
| Acct No. | | \$ | Name and Address of Creditor | | \$ Payment/Months | \$ |
| Name and Address of Bank, S&L, or Credit Union | | | Acct no. | | | |
| Acct No. | | \$ | Name and Address of Creditor | | \$ Payment/Months | \$ |
| Name and Address of Bank, S&L, or Credit Union | | | Acct no. | | | |
| Acct No. | | \$ | Name and Address of Creditor | | \$ Payment/Months | \$ |
| Name and Address of Bank, S&L, or Credit Union | | | Acct no. | | | |
| Acct No. | | \$ | Name and Address of Creditor | | \$ Payment/Months | \$ |
| Stocks & Bonds (# of Shares/Company) Pledged <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | Acct no. | | | |
| Life Insurance net cash value Face amount \$ Complete life insurance schedule on page 3 | | \$ | Name and Address of Company | | \$ Payment/Months | \$ |
| Subtotal Liquid Assets | | \$ | Acct no. | | | |
| Real Estate owned (enter market value from schedule of real estate owned) | | | Name and Address of Company | | \$ Payment/Months | \$ |
| Vested Pension, HR-10, IRA, etc. | | \$ | | | | |
| Net Worth of business(es) owned (attach financial statement) | | \$ | | | | |
| Vehicle Owned (year and make) | | Value \$ | Acct no. | | | |
| | | | Alimony/Child Support/Separate Maintenance Payments Owed to: | | \$ | |
| | | | When Payments Due Ends | | Amt. Past Due \$ | |
| Other Assets (itemize) | | Value \$ | Rent Payments to: | | \$ Amount | |
| | | | | | | |
| | | | Total Monthly Payments | | \$ | |
| Total Assets a. | | \$ | Net Worth (a minus b) | | \$ | Total Liabilities b. \$ |

VI. ASSETS AND LIABILITIES - Cont

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)

| Property Address (enter S if sold, PS if pending sale or R if rental being held for income) | Type of Property | Present Market Value | Amount of Mortgages & Liens | Gross Rental Income | Mortgage Payments | Insurance, Maintenance, Taxes & Misc. | Net Rental Income |
|---|------------------|----------------------|-----------------------------|---------------------|-------------------|---------------------------------------|-------------------|
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | | | | | |
| | | | | | | | |
| | Totals | \$ | \$ | \$ | \$ | \$ | \$ |

| | | | | |
|--------------------------------------|-------------|--------------|--|-------------------|
| Life Insurance Policies Owned | | | Liabilities as Guarantor | |
| Owner | | Company Name | For Whom | Amount Guaranteed |
| Insured | | Beneficiary | Name of Creditor | \$ |
| Face Amt. | Type | Cash Value | For Whom | Amount Guaranteed |
| \$ | | \$ | Name of Creditor | \$ |
| Policy Loans | Mo. Premium | | Defendant(s) in Lawsuits | |
| \$ | \$ | | Plaintiff | |
| Owner | | Company Name | Plaintiff | |
| Insured | | Beneficiary | APPLICANT, HAVE YOU (OR EITHER OF YOU, IF APPLICABLE) EVER BEEN BANKRUPT, SURRENDERED COLLATERAL, OR HAD IT REPOSSESSED, OR HAD OR HAVE ANY JUDGMENT OR OTHER LEGAL PROCEEDINGS AGAINST YOU? | |
| Face Amt. | Type | Cash Value | <input type="checkbox"/> No <input type="checkbox"/> Yes - give details | |
| \$ | | \$ | | |
| Policy Loans | Mo. Premium | | | |
| \$ | \$ | | | |
| Owner | | Company Name | | |
| Insured | | Beneficiary | | |
| Face Amt. | Type | Cash Value | | |
| \$ | | \$ | | |
| Policy Loans | Mo. Premium | | List other names under which you received credit in last 7 years | |
| \$ | \$ | | | |

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

NOTICE TO MARRIED APPLICANTS: No provision of any marital property agreement, unilateral statement under s.766.59, Wis. Stats., or court decree under s.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.

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 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 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.

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 you 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 information was provided:

☐ In a face-to-face interview

☐ In a telephone interview

☐ By the applicant and submitted by fax or mail

☐ By the applicant and submitted via e-mail or the Internet

| | | |
|--|---------------------------------------|--|
| Loan Originator's Signature | | Date |
| X | | |
| Loan Originator's Name (print or type) | Loan Originator NMLSR ID | Loan Originator's Phone Number (including area code) |
| Loan Originator Organization's Name | Loan Originator Organization NMLSR ID | Loan Originator Organization's Address |

WORKSHEET & CHECKLIST FOR CREDITOR USE ONLY

Application received for Creditor by _____

☐ Credit Subject to Wisconsin Consumer Act ☐ Notice of Obligation to Noncontracting Spouse Required

| DESCRIPTION OF ALL COLLATERAL SUPPORTING LOAN | |
|---|--|
| | |

| | | | | |
|--|---|---|--|-----------------|
| Collateral Description (Make/Model/Year) | <input type="checkbox"/> New <input type="checkbox"/> Used | Serial # or Other ID | <input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken | Value Available |
| Owner(s) (if other than Borrower) | | Owner(s) Address | | \$ |
| Collateral Description (Make/Model/Year) | <input type="checkbox"/> New <input type="checkbox"/> Used | Serial # or Other ID | <input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken | Value Available |
| Owner(s) (if other than Borrower) | | Owner(s) Address | | \$ |
| Collateral Description (Make/Model/Year) | <input type="checkbox"/> New <input type="checkbox"/> Used | Serial # or Other ID | <input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken | Value Available |
| Owner(s) (if other than Borrower) | | Owner(s) Address | | \$ |
| Collateral Description (Make/Model/Year) | <input type="checkbox"/> New <input type="checkbox"/> Used | Serial # or Other ID | <input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken | Value Available |
| Owner(s) (if other than Borrower) | | Owner(s) Address | | \$ |
| Collateral Description (Make/Model/Year) | <input type="checkbox"/> New <input type="checkbox"/> Used | Serial # or Other ID | <input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken | Value Available |
| Owner(s) (if other than Borrower) | | Owner(s) Address | | \$ |
| Financial Statement <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Agricultural Dated | | | | \$ |
| Guarantee <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured | | Guarantee Type <input type="checkbox"/> Unlimited <input type="checkbox"/> Specific Transaction <input type="checkbox"/> Limited \$ | | Guarantee Dated |
| Guarantor(s): | | Address: | | |

INSURANCE INFORMATION

| | | | |
|--|-------|-------------------|---------------|
| Name of Insurance Company | | Policy # | Expires |
| Agent's Name and Address | Phone | Property Insured | Coverage |
| | | | Deductible \$ |
| Evidence of Coverage and Loss Payment <input type="checkbox"/> Letter Sent <input type="checkbox"/> Telephoned | | Other Information | |

LOAN REQUEST

| | | |
|--|-------------------|---|
| Loan Type <input type="checkbox"/> Consumer <input type="checkbox"/> Business <input type="checkbox"/> Agricultural | | Cost of New Items Described Above \$ _____ |
| Purchase Money <input type="checkbox"/> Yes <input type="checkbox"/> No | | Less: Cash Down _____ |
| Approved by _____ | Rejected by _____ | Trade In - _____ |
| THE ABOVE CONFIRMED AND REQUESTED BY _____ | | NET Required |
| Date _____ | | Plus Prop. Insurance, if Requested + _____ |
| | | Plus Other Funds Requested + _____ |
| | | TOTAL FUNDS REQUESTED \$ _____ |

LOAN CALCULATIONS

| | |
|---|--|
| 1. Number of Payments _____ If Balloon Amortized Over _____ Months 3. Payment Amount \$_____ 4. Funding Date _____ 6. First Payment or Maturity Date (if single payment) _____ 8. Proceeds | 2. When payments are due <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Weekly 5. Date of Note (if different) _____ 7. Interest Rate _____ % |
|---|--|

| | | |
|--------------------------|----|----|
| Paid to Customer/Another | | \$ |
| Refinanced Loan #/ or | | \$ |
| Another Lender | | \$ |
| | | \$ |
| Paid to Others | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL PROCEEDS | \$ | |

9. Insurance ☐ None ☐ A&H ☐ Sgl CL ☐ Sgl CL & A&H ☐ Jnt CL ☐ Jnt CL & A&H

9. Insurance ☐ None ☐ A&H ☐ Sgl CL ☐ Sgl CL & A&H ☐ Jnt CL ☐ Jnt CL & A&H

Comments: _____

REASON(S) FOR CREDIT REJECTION - EITHER ☐ ORALLY OR ☐ IN WRITING THROUGH FCRA/ECOA 616 (Attach copy)

1. Employment:

- ☐ temporary or irregular
- ☐ unable to verify
- ☐ length of employment

2. Credit Information:

- ☐ incomplete application
- ☐ insufficient number of credit references provided
- ☐ unacceptable type of credit references provided
- ☐ unable to verify credit references
- ☐ no credit file

- ☐ limited credit experience
- ☐ garnishment or attachment
- ☐ foreclosure or repossession
- ☐ collection action or judgment
- ☐ bankruptcy
- ☐ number of recent inquiries on credit bureau report

3. Residence

- ☐ length of residence
- ☐ temporary
- ☐ unable to verify

4. Income and Obligations

- ☐ insufficient income for amount of credit requested
- ☐ unable to verify income
- ☐ excessive obligations in relation to income
- ☐ delinquent credit obligations with others
- ☐ poor credit performance with us

5. Collateral and Assets

- ☐ collateral not offered
- ☐ value or type of collateral not sufficient
- ☐ assets insufficient

6. Other (specify): _____

- ☐ NOTICE WITHOUT REASONS. Use 2-615.
- ☐ NOTICE WITH REASONS. Use 616.

IN REACHING THIS DECISION WE USED:

- A. ☐ Information obtained in a report from a consumer reporting agency.
- Name: _____
- Street Address: _____
- _____
- [Toll-free] Telephone Number: _____
- Name: _____
- Street Address: _____
- _____
- [Toll-free] Telephone Number: _____
- Name: _____
- Street Address: _____
- _____
- [Toll-free] Telephone Number: _____

- B. ☐ Information obtained from an affiliate or from an outside source other than a consumer reporting agency. Under the Fair Credit Reporting Act, you have the right to make a written request within 60 days of receipt of this notice, for disclosure of the nature of the adverse information.

CAUTION: If A or B is checked, remember to mail and attach copy of W.B.A. (FCRA) (ECOA) 2-615 and/or 616, if FCRA is applicable.