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# CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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## Applicant Information PRINT OR TYPE ALL INFORMATION

### 1. If You live in a community property state, are You:

☐ Married ☐ Separated ☐ Unmarried (Includes Single, Divorced and Widowed)

### 2. Married applicants can apply for individual credit. Indicate if You would like:

☐ Individual Credit ☐ Joint Credit with Your Spouse/Co-Applicant

3. Method of Payment: ☐ Payroll Deduction ☐ Automatic Share Transfer ☐ Cash Payment

4. Frequency of Payment: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

## Spouse/Co-Applicant Information

### 5. Complete Spouse/Co-Applicant Information only if:

- This is for joint credit with Your Spouse or other Co-Applicant;
- Your Spouse will use Your Account;
- You are relying on Your Spouse's income as a source of repayment for the credit requested; or
- You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).

### 6. Definitions:

Whenever used in this application the words You and Your refer to the Applicant(s) or Spouse/Co-Applicant and the words We, Us, and Our refer to the Lender.

## Credit Applied For:

Type of credit \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_ Refinanced Amount \$ \_\_\_\_\_ Total Request \$ \_\_\_\_\_  
Purpose \_\_\_\_\_ Collateral Offered \_\_\_\_\_ Value: \$ \_\_\_\_\_

## APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
COUNTY	DRIVERS LICENSE NUMBER		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF PERSONAL FRIEND - NOT RELATIVE LIVING WITH YOU			

## SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
COUNTY	DRIVERS LICENSE NUMBER		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)		YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
NAME, ADDRESS AND TELEPHONE OF PERSONAL FRIEND - NOT RELATIVE LIVING WITH YOU			

## EMPLOYMENT AND INCOME If self-employed attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

## OTHER INCOME Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

## ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CHECKING				
SAVINGS				
OTHER				
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED		
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CHECKING				
SAVINGS				
OTHER				
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED		
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

**CREDIT INFORMATION** Please list all open accounts with or without a balance. Attach separate sheet if necessary.**A Applicant** **C=Spouse/Co-Applicant**  
**D=Debts to be paid off if loan is granted.**

PLEASE CHECK			OBLIGATIONS	LENDER (OR OTHER) NAME, ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D							
<b>Please answer the following questions.</b> <b>If a yes answer is given, explain on attached sheet.</b>				<b>A</b> YES NO		<b>C</b> YES NO		<b>TOTALS</b>	
1. Have You filed a petition for bankruptcy in the last 14 years?				Please Check: A=Applicant/Co-Signer C=Co-Applicant				<b>A</b> YES NO	
2. Have You ever had any auto, furniture or property repossessed?				6. Have You any Obligations not listed?				<b>C</b> YES NO	
3. Are you a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____				7. Do You have any past due bills?					
4. Have you ever had credit in any other name? What name _____				8. Is any income You have listed likely to reduce in the next two years?					
5. Have You any suits pending, judgements filed, alimony or support awards against You?				9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____					

**OPTIONAL CREDIT INSURANCE**

Credit Life and/or Credit Disability Insurance are not required to obtain credit and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The insurance rates for Credit Line Accounts are shown below. For Credit Line Accounts, the insurance charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the rate shown. For Closed-End loans, the total insurance premium will be calculated and disclosed to You separately.

**Monthly Premium Rates per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE OR MORE of the boxes below.**

CREDIT LIFE: Single Coverage - \_\_\_\_\_ ☐ Yes ☐ No Joint Coverage - \_\_\_\_\_ ☐ Yes ☐ No  
CREDIT DISABILITY (Primary Borrower Only): Single Coverage - \_\_\_\_\_ ☐ Yes ☐ No

**Closed-End Loan Applicants - You must CHECK ONE OR MORE of the boxes below.**

You are interested in Credit Disability Insurance - single coverage ☐ You are interested in Credit Life Insurance - single coverage ☐ joint coverage ☐  
You are not interested in Credit Insurance ☐

**NOTE:** For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and You are applying for Credit Insurance, You authorize Us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

SIGNATURE OF APPLICANT \_\_\_\_\_ SIGNATURE OF CO-APPLICANT \_\_\_\_\_

**SIGNATURES**

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement and Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_  
Applicant's Initials Co-Applicant's Initials

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Applicant Date Signature of Spouse/Co-Applicant Date

**LOAN OFFICER****OTHER APPROVING SIGNATURES**

ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED		ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED	
DESCRIBE COUNTER OFFER			
SPECIFIC REASON(S) FOR REJECTION/APPROVAL			
LOAN OFFICER SIGNATURE		CREDIT LIMIT \$	
DATE		ADDITIONAL INFORMATION	
CREDIT MANAGER OR OTHER		DATE	
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON _____ (DATE) BY _____			

