				Credit A	Applica	ation				
	_				_	ORE COMPLETIN		_		
						married, and are not asis for repayment of			support	t, or separate
	all other situations ayments or income				spouse, a	a joint applicant or us	er, or	the person on who	se alim	ony, support, or
If you intend to	apply for joint cred	dit nlease in	nitial her	۵						
ii you iiiteria to	арріу іог јоли стес	uit, piease ii	illiai rier	Applica	ant	Co-Applicar	nt	-		
Amount Requested	For How Long	Collateral						Loan Purpose		
			Inc	hividual An	nlicar	nt Information				
Name (Last Suffix, First	t, Middle)			Social Security N		Birthdate	Telepl	none No.	Email /	Address
·	·									
Driver's License No.	Date of Issue	C	Country	St	ate	Expiration Date	1	Cell Phone No.		No. Dependents
Address (Street, City, S		Reside					sidence Type	How Long		
Previous Address (Stre	et, City, State, & Zi	ip)								How Long
Employer (Company Name & Address)									How Long	
Business Phone			Occupation Type							Salary Per Month
Previous Employer (Co	mpany Name & Ad	Idress)								How Long
Sources of Other Incom	ne Alimony, cl	hild suppor				ed not be revealed it paying this obligation		lo not wish to ha	ve it	Amount Per Month
Do you have existing ac	ccount(s) with us?	Type of exis	sting acc	count(s)					Prefe	rred Method of Contact
		Jo	int A	pplicant or	Other	Party Inform	atior	1		
Complete only if: for join property state.	nt credit, for individ			•		•			les in a	community
Name (Last, First, Middle)				Social Security	No.	Birthdate	Tele	ohone No.	Email /	Address
Driver's License No.	Date of Issu	ue	Countr	ry	State	Expiration Date		Cell Phone		No. Dependents
Address (Street, City, S	tate, & Zip)						Res	sidence Type		How Long
Previous Address (Stre	et, City, State, & Zi	ip)					•			How Long
Employer (Company Name & Address)								How Long		
Business Phone		Occ	upation		Salary Per Month					
Previous Employer (Co	mpany Name & Ad	Idress)								How Long
Sources of Other Incom	ne Alimony, cl	hild suppor				ed not be revealed it paying this obligation		lo not wish to ha	ve it	Amount Per Month
Do you have existing a	ccount(s) with us?	Type of exis	sting acc	count(s)					Prefe	rred Method of Contact

	Applicani rried Wisconsin	's Signature	Date		Other Signature	Date
Interviewer	r' Signature			Date		
	Oral Credit Di	sclosure was given to consumer	(s) *not requir	ed for transactions condu	cted electronically or by mail	
This applica	ation was taken by	: () Face to Face () Fax	() Telephor	ne () Mail () Interne	t	
			To Be Comple	ted By Interviewer		
		Cre	dit Applica	ation Interviewer		
read and und whether or	understand the not it is approve	at everything I have stated in a disclosures described al d. By signing below I authoriz ord with you. I understand the	pove in the set you to chect at I must upda	section entitled "Cred k my credit and employr ate credit information at y	it Disclosures." You may ment history and to answer	/ keep this applicat questions others m
		ation: We may report informat may be reflected in your credi		r account to credit burea	aus. Late payments, missed	payments, or othe
		When you open an account, was ask to see your driver's lice			te of birth, and other informa	ation that will allow
IMPORTA	ANT APPLICANT	dgments against you?()No INFORMATION: To help the stitutions to obtain, verify, an	government	fight the funding of terro	rism and money laundering	unt \$ activities, Federal count.
Have you b	oeen declared ba	nkrupt in the last 10 years?(No ()Yes	s If yes, where?	Year	
If Yes, t	for whom?			To whom?		
• • •		ser or guarantor on any loan o	or contract ()			
•	•	alimony, support or maintenai s)	nce payments	` ' ' '	unt per month \$	
agreement	t, statements, o	r decree or has actual know	ledge of the	adverse provision.		
766.59, Wi	sconsin Statute	SCONSIN APPLICANTS: No s or court decree under Se to the time the credit is gra	ction 766.70.	Wisconsin Statutes ad	lversely effects the interes	st of the creditor
IOTIOE T	O MADDIED W"	CONCIN APPLICANTO N		nature	agranmant vallet	mant under 0 11
		chase insurance products and a deposit of, nor guaranteed			ne FDIC or any Federal Gov	ernment Agency.
b. Yo	ur agreement no	n insurance product or annuit t to obtain, or a prohibition or	your obtainin	ıg, an insurance product		ted entity.
		rance product or annuity solic may not be conditioned on e	ited, offered o			s, any related
Total Ass		Credit I)isclosure:	s (Where Applicab	ile)	
Total Ass	-4-					
Description	n Of Assets	Financial Institution		me Carried on Account	Subject to Debt?	Value
TOtal			Applicar	nts Assets		
Total						
Credito	or Name	С	redit Type	Monthly Pmt.	Balance	
			Outstand	ling Debts		
	Separated	Registered Domestic I	Partner	Separa		omestic Partner
pplicant	(1) All pro	pperty listed is community propert Unmarried	y. (2) All debts	listed for you or your spouse		าร
structions	and	Applicant: Answer all questions in your spouse/RDP is not also apply.	relating to you. A	Also answer all questions re Unless you indicate otherv	lating to your spouse/RDP unleading the Bank will assume:	
	Со	mplete only if: for joint or secured on property located in su	d credit, or appli			
nstructions	to Married/RDP A	on property located in su pplicant: Answer all questions in I your spouse/RDP is not also app	d credit, or applich a state as a leating to you. Applying for credit.	cant resides in a community basis for repayment of the c Also answer all questions re Unless you indicate othery	redit requested. lating to your spouse/RDP unlervise, the Bank will assume:	,

this credit transaction to my spouse.

Applicant ______ Date _____