		CRED	IT APPL	ICATIC)N				
IMPORTANT APP questions and to information you p	provide is protected by ou	Federal law requires financial is of identification to fulfill this privacy policy and federal law	W.	obtain suffici n some insta	ent informati nces we may		C. 1016. 9007 107	Marie Colonia Alba - Marie Albania (Marie Albania (sked several mation. The
TYPE OF CREDIT REQUESTED IMPORTANT: Check () the appropriate boxes below and complete the applicable sections.					FOR CREDITOR USE				
SECURED				able sections	•	DATE			(A)
SECURED INDIVIDUAL CREDIT - relying solely on my income or assets UNSECURED INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from				ets from	ACCOUNT NO.				
	The second secon	intend to apply for joint credit		other	sources	APPROVED BY			
AMOUNT REQUESTED FOR HOW LONG PAYMENT DATE DESIRED WANT TO REP.			PAV	PROCEEDS	DECLINED BY				
\$, , , , , , , , , , , , , , , , , , ,	MONTHL	1.00.00	THOCLEDO	EDS OF EGAN TO BE USED FOR.			
		SECTION A - INDIV	IDUAL APP	LICANT I	NFORMA	TION			
NAME (Last, First	, Middle)								
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO	D. S	SOCIAL SECURITY NO.		NO. DEPEND	ENTS	AGES OF DEP	ENDENTS
ADDRESS (Street	, City, State & Zip)							HOW LONG	
PREVIOUS ADDR	ESS (Street, City, State &	Zip) (Complete if less than 3	years at presen	t address)	ss) COUNTY		Di	d you own	HOW LONG
EMPLOYER (Comp	pany Name & Address)							or 🔲 rent?	HOW LONG
BUIGINESS BUON	-	PAGITION OF TITLE							
BUSINESS PHONE	E Ext.	POSITION OR TITLE		SALARY PER MONTH					
PREVIOUS EMPLO	OYER (Company Name &	Address)	***************************************	GROSS: \$		NET:	\$		HOW LONG
NAME AND ADD	RESS OF NEAREST RELAT	TIVE NOT LIVING WITH YOU			RELATIONSH	IIP TE	LEPHO	NE NO. (Include	Area Code)
		nance income need not be rev					repayir	ng this obligation	i.
		ce received under: Cour	t Order W	ritten Agreen	nent L Or	al Understanding	43.401		
SOURCES OF OTI							\$	JNT PER MONTH	1
	ed in this Section likely to is (Explain)	be reduced before the credit	request is paid						
Complete only if:				off?		Have you		usly received cre	dit from us?
		TON B - JOINT APPLI		OTHER PA		ORMATION		es - When?	
NAME (Last, First	for joint credit, for individ			OTHER PA		ORMATION		es - When?	
TOWNSHIP STATE OF THE STATE OF	for joint credit, for individ , Middle)	ual credit relying on income or	r assets from ot	OTHER PA	or applicant i	ORMATION s married and resid	Yo	es - When?	perty state.
NAME (Last, First	for joint credit, for individ		r assets from ot	OTHER PA	or applicant i	ORMATION	Yo	es - When?	perty state.
BIRTHDATE	for joint credit, for individ , Middle)	ual credit relying on income or	r assets from ot	OTHER PA	or applicant i	ORMATION s married and resid	Yo	es - When?	perty state.
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SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necess	sary.)					
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS C	ARRIED	SUBJEC	T TO DEBT?	VALUE	
CHECKING ACCOUNT NUMBER(S) (where)						\$
SAVINGS ACCOUNT NUMBER(S) (where)						
CERTIFICATE OF DEPOSIT(S) (where)						
MARKETABLE SECURITIES (issuer, type, no. of shares)						
REAL ESTATE (location, date acquired)						
LIFE INSURANCE (issuer, face value)						
AUTOMOBILES (make, model, year)						
OTHER (list)						
TOTAL ASSETS						\$
OUTSTANDING DEBTS (Including charge account	ınts, installment contra	cts, credit cards, rent, mortgages and o	ther oblig	ations. Use	separate sheet it	necessary.)
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	1000000	IGINAL IOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	Rent Payment Mortgage		(OM	IT RENT)	(OMIT RENT)	\$
AUTOMOBILES (describe)						
		-				
	- Array dia - Array					
TOTAL DEBTS			\$		\$	\$
Complete the following	information about both	n the Applicant and Joint Applicant or C	ther Pers	on (if applic	able):	
Are you obligated to make Alimony, Support or Ma				wood n	and the same same	
If yes, to (Name & Address) Are you a co-maker, endorser, or guarantor on any						
Are there any unsatisfied judgments against you?						
Have you been declared bankrupt in the last 10 ye	ars? No Yes	If yes, where?			Y	ear?
SECTION E - SECURED C	REDIT Complete only	if credit is to be secured. Briefly descr	ibe the pr	operty to be	given as securit	y:
PROPERTY DESCRIPTION						- 10 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAMES & ADDRESSES OF ALL CO-OWNERS OF T	HE PROPERTY					
IF THE SECURITY IS REAL ESTATE, GIVE THE FUL	L NAME OF YOUR SPO	DUSE (if any).				
SIGNATURES					_	

SIGNATURES- I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:

- 1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
- 2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have receiprovided electronically or I have applied fo disclosure to me orally.	the state of the s	마스트로 프로젝트 - 프로젝트 - 프로젝트로 프로젝트 - 프로젝트를 발표하다 아니트 프로젝트를 받는다. 그런 프로젝트를 보고 있다는 그리트를 보고 있다. 그리트로 프로젝트를 보고 있다. 그리트로 프로젝트를 모	
Consumer	Date	Consumer	Date

Expense @ 2001 Bankers Systems, Inc., St. Cloud, MN Form INS-FED 2/15/2001

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