

To Creditor: _____

1. APPLICANT(S). Check one of the following boxes. You may apply for separate or joint credit.

- Separate Credit. Complete Column I and sign on the reverse side. Complete Column II with information about your spouse only if you are married and a Wisconsin resident.
- Joint Credit With Spouse. Complete Columns I and II. Both spouses sign on the reverse side.
- Joint Credit With _____ (NAME) who is not your spouse. Each of you must complete a separate application as if applying for separate credit and submit them together, including completing Column II if you are married and a Wisconsin resident.

2. DIRECT 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 <input type="checkbox"/> Co-Applicant (Joint Credit) <input type="checkbox"/> Non-Applicant
Name	_____	_____
Marital Status (For secured credit or Wisconsin resident only)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	(If information is identical to Column I write "same" in Column II)
Social Security No.	_____ Date of Birth _____	_____ Date of Birth _____
Drivers License No. and State	_____ State _____	_____ State _____
No. of Dependents Other Than Self & Spouse	_____ Home Telephone _____	_____ Home Telephone _____
Address — Home	Ages _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Ages _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
	_____	_____
City & State	How _____ Zip _____	How _____ Zip _____
	Long _____	Long _____
Previous Address	How _____	How _____
	Long _____	Long _____
Employer Name	_____	_____
Employer Address	Bus. Phone _____	Bus. Phone _____
	_____	_____
Position	How _____	How _____
	Long _____	Long _____
Previous Employer	Gross Income \$ _____ <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	Gross Income \$ _____ <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
	How _____	How _____
Other Income — Except alimony, child support and maintenance	Long _____	Long _____
	\$ _____ 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 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	_____	_____
Amount per month	\$ _____ Ends _____, 19 ____ Amt. Past Due \$ _____	\$ _____ Ends _____, 19 ____ Amt. Past Due \$ _____
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)	No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain in detail on separate sheet)

MORTGAGE HOLDER OR LANDLORD				PURCHASE PRICE	BALANCE OWED	MONTHLY MORT./RENT
				\$	\$	\$
VEHICLE	YEAR	MAKE/MODEL	FINANCED BY/ADDRESS	PURCHASE PRICE	BALANCE OWED	MONTHLY PAYMENT
				\$	\$	\$
				PURCHASE PRICE	BALANCE OWED	MONTHLY PAYMENT
				\$	\$	\$
<input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE PAYMENTS <input type="checkbox"/> OTHER						MONTHLY PAYMENT
						\$
CHARGE CARD	CARD NO.	ISSUER	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
CHARGE CARD	CARD NO.	ISSUER	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
DEPT. STORE	ACCOUNT NO.	ADDRESS	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
DEPT. STORE	ACCOUNT NO.	ADDRESS	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
TOTAL MONTHLY PAYMENTS ►						\$

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 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.

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 (although the creditor may rely on these statements without any further verification), to furnish such information and any other 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 I direct the Creditor at the address above that such information if unrelated to my transactions or experiences with the Creditor may not be shared by the Creditor with its affiliates.**

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.

Applicant Sign Here _____ Date _____
 Co-Applicant Spouse Sign Here _____ Date _____

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 _____