

GENERAL CREDIT APPLICATION

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 _____
 To be secured by collateral Yes No. If yes, describe collateral _____
 Owner(s) of collateral _____

Applicant				I. APPLICANT INFORMATION				Spouse			
Applicant Name				<input type="checkbox"/> Joint-Applicant (Joint Credit) <input type="checkbox"/> Non-Applicant Spouse Name				If information is identical to Applicant's column, check here <input type="checkbox"/>			
(For Wisconsin resident only)		Dependents Other Than Self & Spouse		Dependents (not listed by Applicant)							
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated		No. Ages		No. Ages							
Social Security Number	Date of Birth	Drivers License No.	State	Social Security Number	Date of Birth	Drivers License No.	State				
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 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)	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

IV. INCOME - Cont

Medical Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Disability or Wage Continuation Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Available Monthly Benefit \$ (If currently receiving benefits under such a policy, list benefits in section V below if wish to rely on benefits as a source of repayment.)	Medical Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Disability or Wage Continuation Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Available Monthly Benefit \$ (If currently receiving benefits under such a policy, list benefits in section V below if wish to rely on benefits as a source of repayment.)
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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 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
<i>List checking and savings accounts below</i>		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	\$
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	\$	Acct. no.		
<input type="checkbox"/>		Name and address of Company	\$ Payment/Months	\$
<input type="checkbox"/>		Acct. no.		
<input type="checkbox"/>		Name and address of Company	\$ Payment/Months	\$
<input type="checkbox"/>		Acct. no.		
Life Insurance net cash value	\$	Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	
Face amount \$		When Payments Due Ends	Amt. Past Due \$	
Complete life insurance schedule on page 3		Rent Payments to:	\$ Amount	
Subtotal Liquid Assets	\$			
Real Estate owned (enter market value from schedule of real estate owned)		Acct. no.		
Vested Pension, HR-10, IRA, etc.	\$	Name and address of Company	\$ Payment/Months	\$
Net Worth of business(es) owned (attach financial statement)	\$	Acct. no.		
Vehicle Owned (year and make)	Value \$	Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	
		When Payments Due Ends	Amt. Past Due \$	
		Rent Payments to:	\$ Amount	
Other Assets (itemize)	Value \$			
		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 \$
Policy Loans \$	Mo. Premium \$		Name of Creditor	
Owner	Company Name		Defendant(s) in Lawsuits	
Insured	Beneficiary		Plaintiff	
Face Amt. \$	Type	Cash Value \$	Plaintiff	
Policy Loans \$	Mo. Premium \$		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? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details	
Owner	Company Name		List other names under which you received credit in last 7 years	
Insured	Beneficiary			
Face Amt. \$	Type	Cash Value \$		
Policy Loans \$	Mo. Premium \$			

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 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.

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 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 (1) I direct the creditor at the address above that such information is unrelated to my transactions or experiences with the creditor and may not be shared by the creditor with its affiliates, (2) the information constitutes "medical information" as defined under applicable federal law, or (3) the information when provided to an affiliate would constitute a "consumer report" under applicable federal law.

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.

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 _____

<p>To be Completed by Interviewer This application was taken by:</p> <p><input type="checkbox"/> Face-to-face interview</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Telephone</p> <p><input type="checkbox"/> Internet</p>
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WORKSHEET & CHECKLIST FOR CREDITOR USE ONLY

Application received for Creditor by _____

AGREED UPON REPAYMENT PLAN: _____

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			\$ _____
Financial Statement				\$ _____
<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Agricultural Dated _____				
Guarantee	Guarantee Type		Guarantee Dated	
<input type="checkbox"/> Unsecured <input type="checkbox"/> Secured _____	<input type="checkbox"/> Unlimited <input type="checkbox"/> Specific Transaction <input type="checkbox"/> Limited \$ _____			
Guarantor(s):	Address: _____			

INSURANCE INFORMATION

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

LOAN REQUEST

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

1. Number of Payments _____ 2. When payments are due Monthly Bi-Monthly Semi-Monthly Bi-Weekly
 If Balloon, Amortized Over _____ Months Quarterly Annually Semi-Annually Weekly

3. Payment Amount \$ _____

4. Funding Date _____ 5. Date of Note (if different) _____

6. First Payment or Maturity Date (if single payment) _____ 7. Interest Rate _____ %

8. Proceeds

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

Comments: _____

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.