



1801 S. Park Road, P.O. Box 2148, Kokomo, IN 46902
765-456-3043 • Fax: 765-456-3662

CREDIT CARD 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 Semi-Annual

Spouse/Co-Applicant Information

5. Complete Spouse/Co-Applicant Information only if:
a. This is for joint credit with Your Spouse or other Co-Applicant;
b. Your Spouse will use Your Account;
c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or
d. 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: \$ _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (765) 456-3043 [callers from outside the (765) area code may call collect], or by writing Us at P.O. Box 2148, Kokomo, IN 46902.

APPLICANT OR CO-SIGNER

FIRST NAME	INITIAL	LAST NAME		
SOCIAL SECURITY NUMBER			BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE	
CITY		STATE	ZIP	
MOTHER'S MAIDEN NAME	EMAIL ADDRESS			
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				

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME		
SOCIAL SECURITY NUMBER			BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE	
CITY		STATE	ZIP	
MOTHER'S MAIDEN NAME	EMAIL ADDRESS			
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				

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.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

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