			CR	EDIT .	APPLICATION	1					
IMPORTANT : Please read these directions before completing this Application, and check (✓) the appropriate box below. □ If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E. □ If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E. WE INTEND TO APPLY FOR JOINT CREDIT:											
If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section E.											
To help the go person who o that will allow AMOUNT REQUESTED	IM overnment fight the funding of terrorism pens an account. What this means for us to identify you. We may also ask to PAYMENT DATE DESIRED	and mon /ou: Whe see your (ey laundering activit n you open an accou driver's license or of	ies, the U int, we wi her identi	PROCEDURES FOR OF SA Patriot Act requires a Il ask for your name, phy fying documents. We w TO BE USED FOR	II financial in	stitutions	o obtain, verify, and re	ecord information the cation number and o uired.	at identifies each ther information	
\$ SECTION A - INFORMATION REGARDING APPLICANT FULL NAME (Last, First Middle) BIRTH DATE					HOME PHONE	HOME PHONE CELL PHONE			BUSINESS PHONE	Ext.	
	of the armed forces who is serving on a Jard or Reserve duty?	active	□ No □ Yes			Are you a dependent of a member of the armed forces who is serving No on active duty or on active Guard or Reserve duty? Yes					
ARE YOU A U.S. PERSON?	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		SOCIAL SE	CURITY NO. or TAX I.D NO.			
□ YES □ NO	STATE ID CARD NO.	STATE	DATE OF ISSUANCE		DATE OF EXPIRATION	DATE OF EXPIRATION		D			
(Complete all that apply)	PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIE	DUAL TAXPAYER ID NO.		AYER ID NO., BUT HAVE FILED TION FOR ONE. WHEN FILED:				OTHER (TRIBAL ID, ETC.)		
PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND HOW LONG AT PRESENT ADDRESS?											
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PRESENT EMPLOYER (C	ompany Name & Address)				OCCUPATION	POSITIO	N OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR		
PREVIOUS EMPLOYER (Company Name & Address)								HOW LONG WITH PREV	/IOUS EMPLOYER?	
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OTHER INCOME	PER	S OF OTHER	INCOME					Have you ever received credit from us?	j □ No □ Yes - When?		
Is any income listed	in this Section likely to be No credit requested is paid off? Yes	(Explain)	DFI		Checking Acct. No. Savings Acct. No.			Where? Where?			
NAME & ADDRESS OF N	EAREST RELATIVE NOT LIVING WITH YOU	· · ·	EE		EDA	P	RELATIO	NSHIP TE	ELEPHONE NO. (Include)	Area Code)	
SECTION B - FULL NAME (Last, First,	INFORMATION REGARDING Middle)	JOINT	RELATIONSHIP TO A					cessary.) PHONE	BUSINESS PHONE	Ext.	
Are vou a member	of the armed forces who is serving on	active	(If Any)	BA	Are you a depend	Are you a dependent of a member of the armed forces who is serving INO)	
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U.S. PERSON?	STATE ID CARD NO.	STATE	DATE OF ISSUANCE								
□ YES □ NO		STATE				DATE OF EXPIRATION MILITARY I			U		
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OTHER INCOME SOURCES OF OTHER INCOME Has Joint Applicant or Other Party No \$ PER ever received credit from us? Yes - When?											
Is any income listed		-	Even received credit Hollins? I Yes - 1 Checking Account No. .								
reduced before the NAME & ADDRESS OF N	Savings Account No.				LEPHONE NO. (Include A	Area Code)					
	MARITAL STATUS (Do not co					cured cred	lit.)				
APPLICANT Image: Married in Separated in Unmarried (Including single, divorced, or widowed) OTHER PARTY Image: Married including single, divorced, or widowed)											

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a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from an unaffiliate(s); and (3) In the case of an insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from an unaffiliated entity. SIGNATURES Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me. Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature. Other R SIGNATURE APPLICANT'S SIGNATURE DATE DATE	IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR	R SPOUSE (if any):						
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