

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 page 3. 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 page 3.
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 \_\_\_\_\_

3. CREDIT SALE Name of seller \_\_\_\_\_ Credit Requested \$ \_\_\_\_\_ Cash sale price \$ \_\_\_\_\_
Description of Sale Item \_\_\_\_\_ Intended use \_\_\_\_\_
To be secured by sale item Yes No
Intended Owner(s) of sale item other than applicant(s) \_\_\_\_\_

Main application form with columns for Applicant and Spouse. Includes fields for Name, Marital Status, Social Security No., Drivers License No., No. of Dependents, Address, City & State, Previous Address, Employer Name, Employer Address, Position, Previous Employer, Medical Insurance, Disability or Wage Continuation Insurance, Other Income, Name of nearest relative, and Address.

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.

Income from alimony section with fields for Kind of Income, Name of Payor, Address of Payor, Payor's Employer, When Payments Due, Court, Amount per month, and Amt. Past Due.

Is any listed income likely to be reduced before the credit requested is paid off? No Yes (Explain in detail on separate sheet)

**INSTRUCTIONS FOR INFORMATION TO BE SUPPLIED BELOW**

If married applicants are applying for Joint Credit, include all property of both spouses requested below.  
 If a married applicant is applying for Separate 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.

	COLUMN I (Cont.)	COLUMN II (Cont.)
Checking Account at:	Avg. Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint* With _____	Avg. Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint* With _____
Savings or Certificate at:	Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Savings or Certificate at:	Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	Bal. \$ _____ <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Stocks or Bonds:	Market Val. \$ _____ Description <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____ Pledged to _____ Unpledged _____	Market Val. \$ _____ Description <input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____ Pledged to _____ Unpledged _____
Location of Real Estate Owned	_____	_____
Title in name of	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Mortgage holder	_____	_____
Present Value	Orig. Mtg. \$ _____ Cost \$ _____ Amount \$ _____	Orig. Mtg. \$ _____ Cost \$ _____ Amount \$ _____
Mtg. Amt. Owning	\$ _____ Mortgage payment \$ _____	\$ _____ Mortgage payment \$ _____
<b>VEHICLE OWNED</b> Year and Make	_____	_____
Titled in name of	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Financed By	Balance \$ _____	Balance \$ _____
Insurance Agent or Company	_____	_____
<b>VEHICLE OWNED</b> Year and Make	_____	_____
Titled in name of	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____	<input type="checkbox"/> Sole <input type="checkbox"/> Joint With _____
Financed By	Balance \$ _____	Balance \$ _____
Insurance Agent or Company	_____	_____
Describe Other Assets Except Insurance	_____	_____
Titled in name of	_____	_____
Value	_____	_____
Vested Pension, Hr-10, IRA, etc.	Owner                      Amount	Owner                      Amount
Liabilities as Guarantor	\$ _____ To Whom _____ For Whom _____ \$ _____ To Whom _____ For Whom _____	\$ _____ To Whom _____ For Whom _____ \$ _____ To Whom _____ For Whom _____
Defendant in Lawsuits	Plaintiff _____	Plaintiff _____
HAVE YOU EVER BEEN BANKRUPT, SURRENDERED COLLATERAL, OR HAD IT REPOSSESSED, OR HAD OR HAVE ANY JUDGEMENT OR OTHER LEGAL PROCEEDINGS AGAINST YOU?	<input type="checkbox"/> No <input type="checkbox"/> Yes — give details _____	<input type="checkbox"/> No <input type="checkbox"/> Yes — give details _____
List other names under which you received credit in last 7 years	_____	_____

THE FOLLOWING LIFE INSURANCE POLICIES ARE OWNED BY PERSONS NAMED IN COLUMNS I & II:

Name Owner	Insured	Name of Co.	Face Amt.	Type	Beneficiary	Cash Val.	Policy Loans	Mo. Prem.
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

\* "Joint" or Survivorship Marital Property which passes on death to the other named owner.

**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.

LIST ALL DEBTS (OTHER THAN REAL ESTATE MORTGAGES), CREDIT CARDS, CHECK CREDIT, ACCOUNTS AND LEASES AT MERCHANTS, FINANCE COMPANIES, BANKS, CREDIT UNIONS, SAVINGS AND LOANS, INDIVIDUALS, ETC., WHETHER JOINT OR INDIVIDUAL, OF PERSONS NAMED IN COLUMNS I AND II. (ATTACH SEPARATE SHEET IF SPACE INADEQUATE.)

Name of Debtor	Name of Creditor	Address	Date Incurred	Collateral	Unpaid Balance	Mo. Payment
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____
					\$ _____	\$ _____

Rent Payments by: \_\_\_\_\_ Landlord \_\_\_\_\_ How Much \$ \_\_\_\_\_

Liability to Pay  Alimony  Child Support  Maintenance:

By Whom \_\_\_\_\_ How Much \$ \_\_\_\_\_ How Often \_\_\_\_\_ Ends \_\_\_\_\_, Amt. Past Due \$ \_\_\_\_\_

IF SPACE ABOVE IS INADEQUATE FOR ANY REQUIRED INFORMATION OR IF YOU WISH TO SUBMIT ADDITIONAL INFORMATION, USE THE FOLLOWING LINES.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 shown 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 \_\_\_\_\_

**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**

TO BE TAKEN	ALREADY TAKEN	MAKE	MODEL	YEAR	NEW/USED	SER. NO. or I.D. NO.	OTHER	COLLATERAL VALUE AVAILABLE FOR THIS LOAN
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	\$ _____

GUARANTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ TOTAL VALUE \$ \_\_\_\_\_

Name of Company \_\_\_\_\_ Cost of new items described above \$ \_\_\_\_\_

Agent's Name \_\_\_\_\_ Less: Cash Down \_\_\_\_\_

Agent's Address \_\_\_\_\_ Phone \_\_\_\_\_ Trade In \_\_\_\_\_

Policy # \_\_\_\_\_ Expires \_\_\_\_\_ NET Required \_\_\_\_\_

Property Insured \_\_\_\_\_ Coverage \_\_\_\_\_ Plus Prop. Insurance, if requested + \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Deductible Plus Other Funds Requested + \_\_\_\_\_

Letter Sent  FOR EVIDENCE OF COVERAGE TOTAL FUNDS REQUESTED \$ \_\_\_\_\_

Telephoned  AND LOSS PAYMENT Approved by \_\_\_\_\_ Rejected by \_\_\_\_\_

THE ABOVE CONFIRMED AND REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_ Purchase  Yes  Business

Money  No  Consumer

P.O. Our Loan # \_\_\_\_\_ Gross Bal. \$ \_\_\_\_\_ Refund \$ \_\_\_\_\_ Net Bal. \_\_\_\_\_

Our Check # \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Cr. Our Account # \_\_\_\_\_ Name \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL FUNDS REQUESTED \$ \_\_\_\_\_

CR. LIFE \$ \_\_\_\_\_

A/H \$ \_\_\_\_\_

\$ \_\_\_\_\_

AMT. FINANCED \$ \_\_\_\_\_

(Add-on \_\_\_\_\_ % = \_\_\_\_\_ % A.P.R. or SIMPLE INT.) FINANCE CHARGE \$ \_\_\_\_\_

FIRST PAYMENT OR NOTE DUE DATE \_\_\_\_\_ FACE AMT. OF NOTE AND/OR TOTAL OF PAYMENTS \$ \_\_\_\_\_

DATE OF NOTE \_\_\_\_\_ FACE AMT. PAYBL. IN \_\_\_\_\_ PAYMTS. OF \$ \_\_\_\_\_ and \_\_\_\_\_ PAYMT. OF \$ \_\_\_\_\_

**REASON(S) FOR CREDIT REJECTION — EITHER  ORALLY OR  IN WRITING THROUGH FCRA/ECOA 616 (Attach copy)**

**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, attachment, foreclosure, repossession, collection action, or judgment
- bankruptcy

**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: \_\_\_\_\_

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.