

CITIZENS PROGRESSIVE BANK

CREDIT APPLICATION

Check 1 or 2 to indicate type of credit

IMPORTANT: Please read these directions before completing this Application and check the appropriate box below.

FOR CREDITOR USE

TYPE OF CREDIT REQUEST

DATE _____ CLASS NO. _____
 ACCOUNT NO _____
 APPROVED By _____
 DECLINED By _____

IMPORTANT: Check the appropriate boxes below and complete the applicable sections:
 Secured Individual Credit - relying solely on my income or assets
 Unsecured Individual Credit - relying on my income or assets as well as income on assets from other sources
 JOINT CREDIT - We intend to apply for joint credit. (Initial) _____ (Initial) _____
Applicant Co-Applicant

AMOUNT REQUESTED \$ _____ PAYMENT DATE DESIRED _____ PROCEEDS OF CREDIT TO BE USED FOR _____ HOW LONG? _____

SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle) _____ BIRTHDATE _____ D.L. # _____ SOCIAL SECURITY NO. _____

PRESENT ADDRESS (Street, City, State & Zip) _____ RENT OWN RESIDENTIAL PHONE _____ HOW LONG AT PRESENT ADDRESS? _____

PREVIOUS ADDRESS (Street, City, State & Zip) _____ RENT OWN CELL PHONE _____ HOW LONG AT PREVIOUS ADDRESS? _____

PRESENT EMPLOYER (Company Name & Address) _____

HOW LONG WITH PRESENT EMPLOYER? _____ YOUR POSITION OR TITLE _____ NAME OF SUPERVISOR _____ BUSINESS PHONE EXT _____

PREVIOUS EMPLOYER (Company Name & Address) _____ HOW LONG WITH PREVIOUS EMPLOYER? _____

YOUR PRESENT GROSS SALARY OR COMMISSION \$ _____ PER _____ YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER _____ NO. DEPENDENTS _____ AGES OF DEPENDENTS _____

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ _____ PER _____ SOURCE(S) OF OTHER INCOME _____

Is any income listed in this section likely to be reduced before the credit requested is paid off? No Yes (Explain in detail, use separate sheet if needed.)

Have you ever received credit from us? No Yes Branch Office: _____ When? _____
 Checking Account Number _____ Where? _____ Balance _____
 Savings Account Number _____ Where? _____ Balance _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ TELEPHONE NO. (include Area Code) _____

VERIFICATION OF IDENTIFICATION - Borrower: *Form of Identification provided: _____ Date of Issue: _____
 *Identification issued by/at: _____ *Expiration Date of ID: _____
 *Identification Official Number: _____ *Identification verified through: _____
 Name and address of someone who will always know your location: _____
 OFAC/Gov. Lists Additional Documentation Attached

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY

Complete only if the joint credit is to be repaid by income or assets from other sources or applicant is married and resides in a community property state

FULL NAME (Last, First, Middle) _____ BIRTHDATE _____ D.L. # _____ SOCIAL SECURITY NO. _____

RELATIONSHIP TO APPLICANT (if Any) _____ PRESENT ADDRESS (Street, City, State & Zip) _____ RENT OWN RESIDENTIAL PHONE _____ HOW LONG AT PRESENT ADDRESS? _____

PRESENT EMPLOYER (Company Name & Address) _____ RENT OWN CELL PHONE _____ HOW LONG AT PREVIOUS ADDRESS? _____

HOW LONG WITH PRESENT EMPLOYER? _____ YOUR POSITION OR TITLE _____ NAME OF SUPERVISOR _____ BUSINESS PHONE EXT _____

PREVIOUS EMPLOYER (Company Name & Address) _____ HOW LONG WITH PREVIOUS EMPLOYER? _____

YOUR PRESENT GROSS SALARY OR COMMISSION \$ _____ PER _____ YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER _____ NO. DEPENDENTS _____ AGES OF DEPENDENTS _____

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ _____ PER _____ SOURCE(S) OF OTHER INCOME _____

Is any income listed in this section likely to be reduced before the credit requested is paid off? No Yes (Explain in detail, use separate sheet if needed.)

Has Joint Applicant or Other Party ever received credit from us? No Yes Branch Office: _____ When? _____
 Checking Account Number _____ Where? _____ Balance _____
 Savings Account Number _____ Where? _____ Balance _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ TELEPHONE NO. (include Area Code) _____

VERIFICATION OF IDENTIFICATION - Co-Borrower: *Form of Identification provided: _____ Date of Issue: _____
 *Identification issued by/at: _____ *Expiration Date of ID: _____
 *Identification Official Number: _____ *Identification verified through: _____
 Name and address of someone who will always know your location: _____
 OFAC/Gov. Lists Additional Documentation Attached

SECTION C - MARITAL STATUS

Complete only if the joint credit is to be repaid by income or assets from other sources or applicant is married and resides in a community property state or married and resides in a community property state

APPLICANT Married Separated Unmarried (including single, divorced, and widowed)
 OTHER PARTY Married Separated Unmarried (including single, divorced, and widowed)

SECTION D - ASSET AND DEBT INFORMATION

If Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary)

| DESCRIPTION OF ASSETS | VALUE | SUBJECT TO DEBT? | | NAME(S) OF OWNER(S) |
|---|-----------|------------------|----|---------------------|
| | | Yes | No | |
| CASH | \$ | | | |
| AUTOMOBILES (Make, Model, Year) | | | | |
| 1. _____ | | | | |
| 2. _____ | | | | |
| CERTIFICATE OF DEPOSIT(S) | | | | |
| CASH VALUE OF LIFE INSURANCE (Issuer, Face Value) | | | | |
| REAL ESTATE (Location, Date Acquired) | | | | |
| MARKETABLE SECURITIES (Issuer, Type, No. of Shares) | | | | |
| OTHER (List) | | | | |
| TOTAL ASSETS | \$ | | | |

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

| CREDITOR | TYPE OF DEBT OR ACCT NBR | NAME IN WHICH ACCOUNT IS CARRIED | ORIGINAL DEBT | PRESENT BALANCE | MONTHLY PAYMENTS | PAST DUE? |
|-----------------------------|--|----------------------------------|-------------------|-------------------|------------------|-----------|
| | | | | | | Yes/No |
| LANDLORD OR MORTGAGE HOLDER | <input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage | | (Omit Rent) \$ | (Omit Rent) \$ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL DEBTS | | | | | | |

CREDIT REFERENCES (Paid Off Accounts)

| CREDITOR | DATE PAID OFF |
|----------|---------------|
| | |
| | |

MY AUTO INSURANCE AGENT IS: (Name & Address)

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes - For Whom? _____ To Whom? _____

Are there any unsatisfied judgements against you? No Yes - Amount \$ _____ If "Yes," To Whom Owed? _____

Have you been declared bankrupt in the last 14 years? No Yes - Where? _____ Year? _____

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet, if necessary.)

SECTION E - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security:

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any):

INSURANCE DISCLOSURE - Consumer's Choice of Provider

The financial institution may not engage in any practice that would lead a consumer to believe that an extension of credit is conditional upon either:

- (1) The purchase of an insurance product or annuity from the financial institution or any of its affiliates; or
- (2) An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or
- (3) A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.

You are free to obtain an insurance product or annuity from another source.

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 to answer questions about your credit experience with me. It is illegal to receive credit by wrongfully stating income, assets, or other information on this form. I understand that I must update credit information at your request if my financial condition changes. By signing below I acknowledge receipt of the insurance anti-coercion disclosure.

APPLICANT'S SIGNATURE _____ DATE _____ OTHER SIGNATURE (Where Applicable) _____ DATE _____

X _____ **X** _____

INSURANCE DISCLOSURE - Consumer's Choice of Provider (Customer Copy)

The financial institution may not engage in any practice that would lead a consumer to believe that an extension of credit is conditional upon either:

- (1) The purchase of an insurance product or annuity from the financial institution or any of its affiliates; or
- (2) An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or
- (3) A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.

You are free to obtain an insurance product or annuity from another source.