



# CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

7020 Brookville Road • Indianapolis, IN 46239  
317.352.0455 or 800.326.2279

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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<b>Applicant Information</b> PRINT OR TYPE ALL INFORMATION <b>1. If You live in a community property state, are You:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed)  <b>2. Married applicants can apply for individual credit.</b> Indicate if You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse/Co-Applicant  <b>3. Method of Payment:</b> <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Share Transfer <input type="checkbox"/> Cash Payment	<b>Spouse/Co-Applicant Information</b> <b>4. Complete Spouse/Co-Applicant Information only if:</b> 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).  <b>5. Definitions:</b> 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.
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<b>Credit Applied For:</b>	
Type of Credit _____	Amount Requested \$ _____
Purpose _____	Collateral Offered _____

**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 (800) 326-2279 or by writing Us at 7020 Brookville Road, Indianapolis, IN 46239.**

<b>APPLICANT</b> <input type="checkbox"/> <b>CO-SIGNER/GUARANTOR</b>			
FULL NAME			
SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
EMAIL ADDRESS	CELL PHONE		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME PHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF PERSONAL REFERENCE NOT LIVING WITH YOU		RELATIONSHIP	

<b>SPOUSE/CO-APPLICANT</b>			
FULL NAME			
SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
EMAIL ADDRESS	CELL PHONE		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME PHONE	NO. OF DEP.	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF PERSONAL REFERENCE NOT LIVING WITH YOU		RELATIONSHIP	

<b>EMPLOYMENT AND INCOME</b> If self-employed, attach financial statement or income tax returns.			
CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP	SUPERVISOR'S NAME		
WORK PHONE	POSITION	MO. GROSS INCOME	
FORMER EMPLOYER	POSITION	YEARS THERE	

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP	SUPERVISOR'S NAME		
WORK PHONE	POSITION	MO. GROSS INCOME	
FORMER EMPLOYER	POSITION	YEARS THERE	

<b>OTHER INCOME</b> You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.	
TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

<b>ASSETS AND DEPOSITS</b> Attach a separate sheet if necessary.		
DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

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**CREDIT INFORMATION** Please list all open accounts with or without a balance. Attach separate sheet if necessary.

**A=Applicant/Co-Signer/Guarantor C=Spouse/Co-Applicant  
D=Debts to be paid off if loan is granted.**

PLEASE CHECK			LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D						
			RENT/MORTGAGE					

<b>Please answer the following questions.</b> <b>If a yes answer is given, explain on attached sheet.</b>	<b>A</b>		<b>C</b>		<b>TOTALS</b>				
	YES	NO	YES	NO		YES	NO	YES	NO
1. Have You filed a petition for bankruptcy in the last 10 years?					Please Check: A=Applicant/Co-Signer/Guarantor C=Co-Applicant				
2. Have You ever had any auto or property repossessed?						6. Have You any obligations not listed?			
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____					7. Do You have any past due bills?				
4. Have You ever had credit in any other name? What name _____					8. Is any income You have listed likely to reduce in the next 2 years?				
5. Have You any suits pending, judgments filed, alimony or support awards against You?					9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____				

**OPTIONAL DEBT PROTECTION COVERAGE** An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OF THE BOXES BELOW.  
 You are interested in Debt Protection Coverage   
 You are not interested in Debt Protection Coverage

**SIGNATURES**

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any credit product contained in Our Credit Line Account Agreement and Disclosure or Credit Card Account Agreement and Disclosure, You agree and understand that if approved, You are contractually liable according to the terms of the applicable Credit Line Account Agreement and Disclosure or Credit Card Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement prior to the time of Your first advance, and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. **If You are issued a Credit Card, debit card or ATM card, by signing below, You grant and consent to a lien on Your shares with Us (except those deposits established under a governmental approved tax deferral plan such as IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance, and/or Overdraft Line of Credit balance created through the use of Your debit card or ATM card.**

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_  
 Applicant's Initials      Co-Applicant's Initials

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Applicant/Co-Signer/Guarantor      Date      Signature of Spouse/Co-Applicant      Date

**LOAN OFFICER**

LOAN APPROVED  YES  NO

SPECIFIC REASON(S) FOR REJECTION/APPROVAL \_\_\_\_\_

LOAN OFFICER SIGNATURE _____	DATE _____	CREDIT LIMIT \$ _____	OTHER APPROVED CREDIT LIMIT \$ _____
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ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON \_\_\_\_\_ (DATE) BY \_\_\_\_\_