

GENERAL CREDIT APPLICATION

(For Wisconsin residents only)

Date of Application

To Creditor:

1. **APPLICANT(S).** Check one of the following boxes. You may apply for individual credit in your name only, joint credit in your name and the name of your spouse or joint credit in your name and the name(s) of other joint applicant(s). Note: Individual credit and joint credit may also be marital purpose debt under Wisconsin law.

- ☐ Individual Credit. Complete Applicant column and sign on page 3. Complete Spouse column with information about your spouse only if you are married **and** a Wisconsin resident. Only the applicant signs on page 3.
- ☐ Joint Credit with spouse as joint applicant. Complete Applicant and Spouse columns. Both joint applicant spouses sign on page 3.
- ☐ Joint Credit with _____ as joint applicant who **is not** your spouse. Each joint applicant must complete a separate application as if applying for individual credit and submit them together, including completing Spouse column if the joint applicant is married **and** a Wisconsin resident. Only the applicant signs on page 3.

2. **LOAN** ☐ Amount requested \$ _____ Purpose _____
Collateral offered ☐ Yes ☐ No. If yes, describe collateral * _____
Owner(s) of collateral _____

Interest rate: _____ No. of Months: _____ Type: _____

Applicant			I. APPLICANT INFORMATION			Spouse											
Applicant Name			<input type="checkbox"/> Joint-Applicant (Joint Credit) <input type="checkbox"/> Non-Applicant			Spouse Name											
(For Wisconsin resident only) <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated			Dependents Other Than Self & Spouse No. Ages			Dependents (not listed by Applicant) No. Ages											
Social Security Number		Date of Birth	Driver's License (or <input type="checkbox"/> State ID Card) No.			Social Security Number		Date of Birth	Driver's License (or <input type="checkbox"/> State ID Card) No.								
Driver's License (or <input type="checkbox"/> State ID Card) Name			Expiration Date			State			Driver's License (or <input type="checkbox"/> State ID Card) Name			Expiration Date			State		
Changed Name on Driver's License or State ID Card in Past 5 Years <input type="checkbox"/> No <input type="checkbox"/> Yes, and give Prior Name _____									Changed Name on Driver's License or State ID Card in Past 5 Years <input type="checkbox"/> No <input type="checkbox"/> Yes, and give Prior Name _____								
Home Phone		Cell Phone	E-Mail Address			Home Phone		Cell Phone	E-Mail Address								
Present Address (Street, City, State & ZIP)			<input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			Present Address (Street, City, State & ZIP)			<input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.								
Previous Address (Street, City, State & ZIP)			_____ No. Yrs.			Previous Address (Street, City, State & ZIP)			_____ No. Yrs.								

II. EMPLOYMENT INFORMATION									
Name & Address of Employer		<input type="checkbox"/> Self Employed	Yrs. on this job		Name & Address of Employer	<input type="checkbox"/> Self Employed	Yrs. on this job		
			Gross Monthly Income \$				Gross Monthly Income \$		
Position			Business Phone		Position			Business Phone	
Name of Previous Employer		<input type="checkbox"/> Self Employed	Yrs. on this job		Name of Previous Employer		<input type="checkbox"/> Self Employed	Yrs. on this job	

III. OTHER INCOME - Except alimony, child support and maintenance						
(Need not reveal income from medical insurance, disability or wage continuation insurance if applicant(s) does not choose to have such income considered as a basis for repaying this obligation).						
Gross Monthly Income	Applicant	Spouse	Total	Describe Other Income Source		Monthly Amount
Overtime	\$	\$	\$	Applicant		\$
Bonuses				Applicant		
Commissions				Spouse		
Dividends/Interest				Spouse		
Net Rental Income						
Other (complete section to the right to describe)						
Total (incl. base employment)	\$	\$	\$			

IV. 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).					
Kind of Income	Name and Address of Payor		Kind of Income	Name and Address of Payor	
Amount per Month	Ends	Amt. Past Due	Amount per Month	Ends	Amt. Past Due
\$		\$	\$		\$
When Payments Due	Since When		When Payments Due	Since When	
Payor's Employer			Payor's Employer		
Court			Court		

Is any listed income likely to be reduced before the credit requested is paid off? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain in detail on separate sheet)		Is any listed income likely to be reduced before the credit requested is paid off? No <input type="checkbox"/> Yes <input type="checkbox"/> (Explain in detail on separate sheet)	
Name and Address of nearest relative not living with you		Name and Address of nearest relative not living with you	

IV. INCOME - Cont							
Medical Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier			Medical Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier				
Disability or Wage Continuation Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Available Monthly Benefit \$ (If currently receiving benefits under such a policy, list benefits in section V below if relying on benefits as a source of repayment.)			Disability or Wage Continuation Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier Available Monthly Benefit \$ (If currently receiving benefits under such a policy, list benefits in section V below if relying on benefits as a source of repayment.)				
V. INCOME FROM MEDICAL INSURANCE, DISABILITY OR WAGE CONTINUATION INSURANCE (Need not be revealed if applicant(s) does not choose to have it considered as a basis for repaying this obligation).							
Kind of Income		Name and Address of Payor		Kind of Income			
Amount per Month \$		Ends		Amount per Month \$			
When Payments Due		Since When		When Payments Due			
				Since When			
VI. ASSETS AND LIABILITIES							
If married applicants are applying for Joint Credit, include all property of both spouses requested below. If a married applicant is applying for Individual 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.							
Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet if necessary. Indicate by (*) those liabilities, which will be satisfied or paid in full upon the granting of the extension of credit to which this application relates.							
ASSETS		Cash or Market Value	LIABILITIES		Monthly Payment & Months Left to Pay	Unpaid Balance	
List checking and savings accounts below			Name and Address of Creditor		\$ Payment/Months	\$	
Name and Address of Bank, S&L, or Credit Union			Acct. no.				
Acct No.		\$	Name and Address of Creditor				
Name and Address of Bank, S&L, or Credit Union			Acct. no.		\$ Payment/Months	\$	
Acct No.		\$	Name and Address of Creditor				
Name and Address of Bank, S&L, or Credit Union			Acct. no.				
Acct No.			\$	Name and Address of Creditor		\$ Payment/Months	\$
Name and Address of Bank, S&L, or Credit Union			Acct. no.				
Acct No.		\$	Name and Address of Creditor				
Name and Address of Bank, S&L, or Credit Union			Acct. no.		\$ Payment/Months	\$	
Acct No.		\$	Name and Address of Creditor				
Name and Address of Bank, S&L, or Credit Union			Acct. no.				
Acct No.		\$	Name and Address of Creditor		\$ Payment/Months	\$	
Stocks & Bonds (# of Shares/Company) Pledged			Acct. no.				
		\$	Name and Address of Company				
Life Insurance net cash value			Acct. no.		\$ Payment/Months	\$	
Face amount \$			Name and Address of Company				
Complete life insurance schedule on page 3			Acct. no.				
Subtotal Liquid Assets			Acct. no.		\$ Payment/Months	\$	
Real Estate owned (enter market value from schedule of real estate owned)			Name and Address of Company				
Vested Pension, HR-10, IRA, etc.			Acct. no.				
Net Worth of business(es) owned (attach financial statement)			Acct. no.		\$ Payment/Months	\$	
Vehicle Owned (year and make)			Acct. no.				
Value \$			Alimony/Child Support/Separate Maintenance Payments Owed to:				
			When Payments Due Ends		\$		
			Rent Payments to:		Amt. Past Due \$		
Other Assets (itemize)			Value \$		\$ Amount		
			Total Monthly Payments		\$		
Total Assets a.		\$	Net Worth (a minus b)		\$	Total Liabilities b.	\$

VI. ASSETS AND LIABILITIES - Cont								
Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)								
Property Address (enter S if sold, PS if pending sale or R if rental being held for income)		Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
			\$	\$	\$	\$	\$	\$
		Totals	\$	\$	\$	\$	\$	\$

Life Insurance Policies Owned				Liabilities as Guarantor		
Owner		Company Name		For Whom		Amount Guaranteed \$
Insured		Beneficiary		Name of Creditor		
Face Amt. \$		Type	Cash Value \$	For Whom		Amount Guaranteed \$
Policy Loans \$		Mo. Premium \$		Name of Creditor		
Owner		Company Name		Defendant(s) in Lawsuits		
Insured		Beneficiary		Plaintiff		
Face Amt. \$		Type	Cash Value \$	Plaintiff		
Policy Loans \$		Mo. Premium \$		APPLICANT, HAVE YOU (OR EITHER OF YOU, IF APPLICABLE) EVER BEEN BANKRUPT, SURRENDERED COLLATERAL, OR HAD IT REPOSSESSED, OR HAD OR HAVE ANY JUDGMENT OR OTHER LEGAL PROCEEDINGS AGAINST YOU?		
Owner		Company Name		<input type="checkbox"/> No <input type="checkbox"/> Yes - give details		
Insured		Beneficiary				
Face Amt. \$		Type	Cash Value \$			
Policy Loans \$		Mo. Premium \$				
Owner		Company Name				
Insured		Beneficiary				
Face Amt. \$		Type	Cash Value \$			
Policy Loans \$		Mo. Premium \$				
Owner		Company Name		List other names under which you received credit in last 7 years		
Insured		Beneficiary				
Face Amt. \$		Type	Cash Value \$			
Policy Loans \$		Mo. Premium \$				

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

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.

NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit 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, including credit reports (although creditor may rely on these statements without any further verification), to furnish, to the extent not prohibited by applicable law, 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 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.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING CREDIT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who obtains credit.

What this means for you: When you obtain credit, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Applicant Sign Here _____ Date _____

Joint-Applicant Spouse Sign Here _____ Date _____
(Joint Credit Only)

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 _____

To be Completed by Interviewer:		
This information was provided:		
<input type="checkbox"/> In a face-to-face interview		
<input type="checkbox"/> In a telephone interview		
<input type="checkbox"/> By the applicant and submitted by fax or mail		
<input type="checkbox"/> By the applicant and submitted via e-mail or the Internet		
Loan Originator's Signature X		Date
Loan Originator's Name (print or type)	Loan Originator NMLSR ID	Loan Originator's Phone Number (including area code)
Loan Originator Organization's Name	Loan Originator Organization NMLSR ID	Loan Originator Organization's Address

WORKSHEET & CHECKLIST FOR CREDITOR USE ONLY
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AGREED UPON REPAYMENT PLAN: _____

☐ Credit Subject to Wisconsin Consumer Act ☐ Notice of Obligation to Noncontracting Spouse Required

DESCRIPTION OF ALL COLLATERAL SUPPORTING LOAN	

Collateral Description (Make/Model/Year)	<input type="checkbox"/> New	Serial # or Other ID	<input type="checkbox"/> To Be Taken	Value Available
	<input type="checkbox"/> Used		<input type="checkbox"/> Already Taken	

Owner(s) (if other than Borrower)	Owner(s) Address	\$

Collateral Description (Make/Model/Year)	<input type="checkbox"/> New <input type="checkbox"/> Used	Serial # or Other ID	<input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken	Value Available
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Owner(s) (if other than Borrower)	Owner(s) Address	\$

Collateral Description (Make/Model/Year)	<input type="checkbox"/> New <input type="checkbox"/> Used	Serial # or Other ID	<input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken	Value Available
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Owner(s) (if other than Borrower)	Owner(s) Address	\$

Collateral Description (Make/Model/Year)	<input type="checkbox"/> New <input type="checkbox"/> Used	Serial # or Other ID	<input type="checkbox"/> To Be Taken <input type="checkbox"/> Already Taken	Value Available
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Owner(s) (if other than Borrower)	Owner(s) Address	\$
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Financial Statement <input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Agricultural Dated		\$
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Guarantee <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured _____	Guarantee Type <input type="checkbox"/> Unlimited <input type="checkbox"/> Specific Transaction <input type="checkbox"/> Limited \$ _____	Guarantee Dated _____
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Guarantor(s):	Address:
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INSURANCE INFORMATION

Name of Insurance Company	Policy #	Expires
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Agent's Name and Address	Phone	Property Insured	Coverage
			Deductible \$

Evidence of Coverage and Loss Payment <input type="checkbox"/> Letter Sent <input type="checkbox"/> Telephoned	Other Information
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LOAN REQUEST

Loan Type <input type="checkbox"/> Consumer <input type="checkbox"/> Business <input type="checkbox"/> Agricultural	Cost of New Items Described Above \$ _____ Less: Cash Down
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Purchase Money	2009: Cash Down		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trade In	—	

Approved by	Rejected by	NET Required	_____
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THE ABOVE CONFIRMED AND REQUESTED BY	Plus Prop. Insurance, if Requested	+	_____
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Date	Plus Other Funds Requested	+	_____
	TOTAL FUNDS REQUESTED	\$	_____

LOAN CALCULATIONS

1. Number of Payments _____ 2. When payments are due ☐ Monthly ☐ Bi-Monthly ☐ Semi-Monthly ☐ Bi-Weekly
If Balloon, Amortized Over _____ Months ☐ Quarterly ☐ Annually ☐ Semi-Annually ☐ Weekly

3. Payment Amount \$ _____

4. Funding Date _____ 5. Date of Note (if different) _____

6. First Payment or Maturity Date (if single payment) _____ 7. Interest Rate _____ %

8. Proceeds

Paid to Customer/Another	\$
Refinanced Loan #/ or	
Another Lender	\$

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Paid to Others	\$
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Paid to Others _____

_____ \$

TOTAL PROCEEDS		\$	
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9. Insurance ☐ None ☐ A&H ☐ Sgl CL ☐ Sgl CL & A&H ☐ Jnt CL ☐ Jnt CL & A&H

Comments: _____

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 or attachment
- ☐ foreclosure or repossession
- ☐ collection action or judgment
- ☐ bankruptcy
- ☐ number of recent inquiries on credit bureau report

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: _____
- Name: _____

Street Address: _____

[Toll-free] Telephone Number: _____
- 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.

