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SHORT FORM CREDIT APPLICATION (For Wisconsin residents only)

Date of Application

married ar Joint Cred	your name and Credit. Comple Id a Wisconsin it with spouse a	I the name(s) te Applicant C resident. Only as joint applica	of other joir Column and s the applica ant. Comple	nt applicant(s). sign on page 2 nt signs on pa	Note: 2. Comp ge 2.		and ji Iumn	with informa	ay also be ma ition about yo	arital ur spo	purpose debt u	under
 Joint Credit with							cant is					
Collateral offered Owner(s) of colla												
Interest rate:		No.	of Months: _			Туре:						
Applicant				APPLICANT I			\ nnlig	ant (laint Cr	Spou edit) 🗌 Non		icont	
Applicant Name					Spouse	e Name	τρριις			-дрри	loant	
(For Wisconsin resident on Married Unm Legally Separated		Dependents C No. Ag	Other Than Se ges	elf & Spouse	Depen No.	dents (not listed b Ages	у Арр	licant)				
Social Security Number	Date of Birth	Driver's Licens	se (or 🗌 Sta	ate ID Card) No.	Social	Security Number	Dat	e of Birth	Driver's License	e (or	State ID Card) No.
Driver's License (or Sta Changed Name on Driver's License or State ID	_		Expiration	Date State	Changeo License	S License (or S d Name on Driver's or State ID				Exp	iration Date	State
Card in Past 5 Years No Home Phone Cell	Phone Phone	E-Mail Addre	ess			·	ell Pl	s, and give Prior	E-Mail Addres	SS		
Present Address (Street, Ci	ty, State & ZIP)	Own [Rent	No. Yrs.	Preser	t Address (Street,	City, S	State & ZIP)	Own	R	ent No.	. Yrs.
Previous Address (Street, City, State & ZIP) No. Yrs. Previous				Previou	Previous Address (Street, City, State & ZIP) No. Yrs.							
		_		MPLOYMENT								
Name & Address of Employ	yer	Self Emplo	oyed Yrs.	on this job	Name	& Address of Emp	loyer	I	Self Employ	ed	Yrs. on this job	1
Gross Monthly Income \$			Gross Monthly Income \$									
Position	Position Business Phone Position								Business Phor			
Name of Previous Employe	r	Self Emplo		on this job		of Previous Emplo			Self Employ	ed	Yrs. on this job	
(Need not reveal income f repaying this obligation).	rom medical insu					I support and m oplicant(s) does no			uch income cor	nsidere	ed as a basis fo	r
Gross Monthly Income	Applicant		Spouse	Total			ribe (Other Income	Source		Monthly Amo	unt
Overtime Bonuses	\$	\$		\$		Applicant				-+	\$	
Commissions						Spouse						
Dividends/Interest						Spouse						
Net Rental Income Other (complete section to the right to describe)												
Total (incl. base employment)	\$	\$		\$			TENI					
Kind of Income					have it o	PARATE MAIN considered as a ba	asis fo					
Amount per Month	Ends		Amt. Past Du	e	Amoun	t per Month	En	ds		Amt. P	ast Due	
\$			\$		\$					\$		
No Yes (Explain in detail on separate sheet)				Is any listed income likely to be reduced before the credit requested is paid off? No Yes (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												
Assets												
Assets	Amou	unt		ssets		Amount	$-\top$		sets	¢	Amount	
Accounts in Banks	\$		Real Estate		\$			Other As	sets	\$		
Stocks & Bonds	\$		Retirement	Funds	\$							
Life Insurance (Face Value)	\$		Automobiles	S	\$		Τ	Total Ass	ets	\$		

*This is not a complete or final description of collateral.

Short Form Credit Application Page 1 of 2

LIST ALL DEBTS AND OBLIGATIONS OF PERSONS IDENTIFIED IN APPLICANT AND SPOUSE COLUMNS. (Use continuation sheet to list any additional liabilities.)					
Liabilities and Pledged A	Assets. List the creditor's name, address and accou	nt number for all outstanding of	debts, including automobile loans, rev	olving charge accounts, real estate	e loans, alimony, child
support, stock pledges, etc.	. Use continuation sheet if necessary. Indicate by $(\sp{*})$	those liabilities which will be sa	tisfied or paid in full upon the granting	of the extension of credit to which t	this application relates.
	LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance	Credit Limit	Debtor
Name and Address of C	Creditor	\$ Payment/Months	\$	\$	APPLICANT
Acct. no.					
Name and Address of C	Creditor	\$ Payment/Months	\$	\$	APPLICANT SPOUSE
Acct. no.					
Name and Address of C	Creditor	\$ Payment/Months	\$	\$	APPLICANT
Acct. no.					
Name and Address of C	Jreditor	\$ Payment/Months	\$	\$	APPLICANT
Acct. no.					
Name and Address of Creditor		\$ Payment/Months	\$	\$	APPLICANT
Acct. no.]			
Name and Address of Creditor		\$ Payment/Months	\$	\$	APPLICANT
Acct. no.	2			•	
Name and Address of Creditor Acct. no.		\$ Payment/Months	\$	\$	APPLICANT
Alimony/Child Support/Separate Maintenance Payments Owed to:		\$	When Payments Due	Ends	Amt. Past Due \$
	TOTAL MONTHLY PAYMENTS	\$			

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 the 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 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	C	Date

Joint-Applicant Spouse Sign Here _____ (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 ____

To be Completed by Interviewer: This information was provided: In a face-to-face interview In a telephone interview By the applicant and submitted by fax or mail By the applicant and submitted via e-mail or the Internet	Application received for Creditor by	
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 NMLSR ID

Loan Originator Organization's Name

_____ Date_

Date

Loan Originator Organization's Address