

## SHORT FORM 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 2. Complete Spouse Column with information about your spouse only if you are married **and** a Wisconsin resident. Only the applicant signs on page 2.
- Joint Credit with spouse as joint applicant. Complete Applicant and Spouse Columns. Both joint applicant spouses sign on page 2.
- Joint Credit with \_\_\_\_\_ (NAME) 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 2.

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

Applicant		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.		

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

**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)					
<b>Total (incl. base employment)</b>	\$	\$	\$		

**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 of Payor	Kind of Income	Name of Payor
Amount per Month	Ends	Amt. Past Due	Amount per Month
\$		\$	\$

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

Assets					
Assets	Amount	Assets	Amount	Assets	Amount
Accounts in Banks	\$	Real Estate Owned	\$	Other Assets	\$
Stocks & Bonds	\$	Retirement Funds	\$		
Life Insurance (Face Value)	\$	Automobiles	\$	<b>Total Assets</b>	\$

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

**LIST ALL DEBTS AND OBLIGATIONS OF PERSONS IDENTIFIED IN APPLICANT AND SPOUSE COLUMNS.  
(Use continuation sheet to list any additional liabilities.)**

**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.

LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance	Credit Limit	Debtor
Name and Address of Creditor	\$ Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Acct. no.				
Name and Address of Creditor	\$ Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Acct. no.				
Name and Address of Creditor	\$ Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Acct. no.				
Name and Address of Creditor	\$ Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Acct. no.				
Name and Address of Creditor	\$ Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Acct. no.				
Name and Address of Creditor	\$ Payment/Months	\$	\$	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE
Acct. no.				
Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	When Payments Due	Ends	Amt. Past Due \$
<b>TOTAL MONTHLY PAYMENTS</b> ▶	<b>\$</b>			

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

- 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 <b>X</b>	Date
Loan Originator's Name (print or type)	Loan Originator Identifier
	Loan Originator's Phone Number (including area code)
Loan Origination Company's Name	Loan Origination Company Identifier
	Loan Origination Company's Address

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Financial Institution Name and Address

## DISCLOSURES REGARDING SALES OF INSURANCE

The following information applies to any insurance product that we or our affiliates solicit the sale of, or that we or our affiliates offer to sell to you:

1. **The insurance products are not deposits.**
2. **The insurance products are not obligations of, or guaranteed or insured by us or our affiliates.**
3. **The insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States (except in the case of federally insured crop insurance or flood insurance).**
4. **If this box is checked, this insurance product involves investment risk, including the possible loss of value.**
5. **We may not condition an extension of credit to you on either : (1) Your purchase of an insurance product from us or any of our affiliates; or (2) Your agreement not to obtain, or a prohibition of your obtaining an insurance product from an unaffiliated entity.**

By signing below, the undersigned acknowledges receipt of a copy of these disclosures.

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Date

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Date

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Date

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Date