

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: _____

I. APPLICANT INFORMATION
Applicant Spouse
Applicant Name Spouse Name
Dependents Other Than Self & Spouse Dependents (not listed by Applicant)
Social Security Number Date of Birth Driver's License (or State ID Card) No. Social Security Number Date of Birth Driver's License (or State ID Card) No.
Driver's License (or State ID Card) Name Expiration Date State Driver's License (or State ID Card) Name Expiration Date State
Home Phone Cell Phone E-Mail Address Home Phone Cell Phone E-Mail Address
Present Address (Street, City, State & ZIP) Own Rent No. Yrs. Present Address (Street, City, State & ZIP) Own 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 Self Employed Yrs. on this job Gross Monthly Income \$
Position Business Phone
Name of Previous Employer 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).
Table with columns: Gross Monthly Income, Applicant, Spouse, Total, Describe Other Income Source, Monthly Amount

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).
Table with columns: Kind of Income, Name and Address of Payor, Amount per Month, Ends, Amt. Past Due, When Payments Due, Since When, Payor's Employer, Court

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

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

IV. INCOME - Cont

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.)	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.)
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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	Name and Address of Payor
Amount per Month \$	Ends	Amount per Month \$	Ends
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	\$ Payment/Months	\$
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	\$ Payment/Months	\$
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	\$	Name and Address of Company	\$ Payment/Months	\$
<input type="checkbox"/>		Acct. no.		
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Life Insurance net cash value	\$	Acct. no.		
Face amount \$		Name and Address of Company	\$ Payment/Months	\$
Complete life insurance schedule on page 3				
Subtotal Liquid Assets	\$			
Real Estate owned (enter market value from schedule of real estate owned)		Name and Address of Company	\$ Payment/Months	\$
Vested Pension, HR-10, IRA, etc.	\$			
Net Worth of business(es) owned (attach financial statement)	\$			
Vehicle Owned (year and make)	Value \$	Acct. no.		
		Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	
		When Payments Due Ends	Amt. Past Due \$	
		Rent Payments to:	\$ Amount	
Other Assets (itemize)	Value \$			
		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		For Whom		Amount Guaranteed	
\$				Name of Creditor			
Policy Loans		Mo. Premium		Defendant(s) in Lawsuits			
\$		\$		Plaintiff			
Owner		Company Name		Plaintiff			
Insured		Beneficiary		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? <input type="checkbox"/> No <input type="checkbox"/> Yes - give details			
Face Amt.		Type		List other names under which you received credit in last 7 years			
\$							
Policy Loans		Mo. Premium					
\$		\$					
Owner		Company Name					
Insured		Beneficiary					
Face Amt.		Type					
\$							
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:

- 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

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

Application received for Creditor by _____

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

INSURANCE INFORMATION

Name of Insurance Company	Policy #	Expires
Agent's Name and Address	Phone	Property Insured
		Coverage
		Deductible \$ _____
Evidence of Coverage and Loss Payment	Other Information	
<input type="checkbox"/> Letter Sent <input type="checkbox"/> Telephoned		

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 _____ Trade In _____ - _____ NET Required _____
Purchase Money <input type="checkbox"/> Yes <input type="checkbox"/> No	Plus Prop. Insurance, if Requested + _____ Plus Other Funds Requested + _____
Approved by _____ Rejected by _____ _____	TOTAL FUNDS REQUESTED \$ _____
THE ABOVE CONFIRMED AND REQUESTED BY _____ Date _____	

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	\$ _____
_____	\$ _____
Paid to Others	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL PROCEEDS	\$ _____

9. Insurance None A&H Sgl CL Sgl CL & A&H Jnt CL Jnt CL & A&H

Comments: _____

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.

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.

Date

Date

Date

Date