

CREDIT APPLICATION

TYPE OF CREDIT REQUESTED				FOR CREDITOR USE ONLY	
IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT -relying solely on my income or assets <input type="checkbox"/> INDIVIDUAL CREDIT -relying on my income or assets as well as income or assets from other sources <input type="checkbox"/> JOINT CREDIT				DATE ____/____/____ CLASS NO. _____ PORT NO. _____ APPROVED <input type="checkbox"/> BY: _____ DECLINED <input type="checkbox"/> BY: _____ RATE: _____ SINGLE C.I. _____ SINGLE C.L. & A&H _____ JOINT C.L. _____ INSURANCE _____ PHONE NO. _____ CHECKS PAYABLE TO: _____ _____ _____	
Amount Requested	For How Long ?	Payment Date Desired	Want to Repay ?		
\$ _____	_____	____/____/____	<input type="checkbox"/> Monthly <input type="checkbox"/> _____		
PROCEEDS OF LOAN TO BE USED FOR:					

SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)					
BIRTH DATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. & AGES DEPENDENTS	
ADDRESS (Street, City, State, Zip Code)			COUNTY	Did you <input type="checkbox"/> own? <input type="checkbox"/> rent?	HOW LONG?
PREVIOUS ADDRESS (Street, City, State, Zip Code) (Complete if less than 3 years at present address)			COUNTY	Did you <input type="checkbox"/> own? <input type="checkbox"/> rent?	HOW LONG?
EMPLOYER (Company Name & Address)					HOW LONG?
BUSINESS PHONE ()	Ext.	POSITION OR TITLE	SALARY PER MONTH Gross: \$ Net: \$		
PREVIOUS EMPLOYER					HOW LONG?
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. ()	
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$
Is any income listed in this Section likely to be reduced before the credit request is paid off?			Have you previously received credit from us?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: _____			<input type="checkbox"/> No <input type="checkbox"/> Yes, when? _____		

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property

NAME (Last, First, Middle)					
BIRTH DATE / /	TELEPHONE NO. ()	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO. - -	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (if any)		PRESENT ADDRESS (Street, City, State, Zip Code)			HOW LONG?
EMPLOYER (Company Name & Address)					HOW LONG?
BUSINESS PHONE ()	Ext.	POSITION OR TITLE	SALARY PER MONTH		
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG?
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$
Is any income listed in this Section likely to be reduced before the credit request is paid off? Has Joint applicant or Other Party ever received credit from us?					

SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

CONTINUED ON BACK

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and the Joint Applicant or Other Person. Please mark Applicant - related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			\$
CERTIFICATE OF DEPOSIT(S) (where)			\$
REAL ESTATE (location, date acquired)			\$
AUTOMOBILES (make, model, year)			\$
TOTAL ASSETS \$			

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, and other obligations. Use separate sheet if necessary)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant of Other Person (if applicable):

Arc you obligated to make Alimony, Support or Maintenance Payments? No Yes Amount per month \$ _____
 If yes, to (Name & Address) _____
 Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____
 Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amounts: \$ _____
 Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

SECTION E - SECURED CREDIT

Complete only if credit is to be secured. Briefly describe the property to be given as security.

COLLATERAL DESCRIPTION:

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE COLLATERAL:

COMMENTS:

SIGNATURES: I/we certify that everything I/we have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I/we authorize you to check my credit and employment history and to answer questions others may ask you about my/our credit record with you. I/we understand that I/we must update credit information at your request or if my/our financial condition changes.

Applicant's Signature _____ Date _____ Other Party's Signatures (Where Applicable) _____ Date _____

*** IMPORTANT INFORMATION about our Insurance Sales Practice ***

Please read this notice carefully and keep a copy for your records

Our bank will not condition the approval of your loan application on your purchase of any type of insurance product from our bank or any of our affiliates. If you choose to purchase an insurance product, you may do so from any insurance provider. Before purchasing, understand that life insurance products:

- Are not insured by the FDIC, NCUSIF, or any other government agency
- Are not deposits or obligations of, or guaranteed by Jersey State Bank
- In the case of an insurance product that involves an investment risk, there is a risk associated with the product, including the possible loss of value

I/we have read this disclosure and understand its contents, as evidenced by my/our signature below. Unless these disclosures are provided electronically or I have applied for credit by mail, I/we also acknowledge that you have provided these disclosure to me/us orally. I/we understand that this acknowledgment will be made a permanent part of my/our loan application.

Applicant's Signature _____ Date _____ Other Party's Signatures (Where Applicable) _____ Date _____