

## CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

PERSONAL LOAN APPLICATION

[ACCOUNT NUMBER - APPLICANT]

[ACCOUNT NUMBER - CO-APPLICANT]

Applicant Information PRINT OR 1  1. If You live in a community property state, are Married Separated Unmarried (2. Married applicants can apply for Individual or Individual Credit Joint Credit with Your 3. Method of Payment: Payroll Deduction 4. Frequency of Payment: Weekly Bi-V	Spouse/Co-Applicant Information  5. Complete Spouse/Co-Applicant Information only if: a. This is for joint credit with Your Spouse or other Co-Applicant; b. Your Spouse will use Your Account; c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).  6. Definitions: Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.													
Type of credit  Purpose														
APPLICANT OR CO-SIGNER	SPOUSE/CO-APPLICANT													
FIRST NAME INITIAL		NAME	<u> </u>		NITIAL L	AST NAME								
SOCIAL SECURITY NUMBER			E	SOCI	SOCIAL SECURITY NUMBER BIRTHD/						ATE			
CURRENT STREET ADDRESS	APT. NO.	YEARS TH	ERE	CURF	ENT STREET A	DORESS		APT. NO.	YEARS	THERE				
CITY	STATE	ZIP		CITY					STATE	ZIP	ZIP			
MOTHER'S MAIDEN NAME EMAIL ADORE			MOTE	MOTHER'S MAIDEN NAME EMAIL ADDRESS										
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS L	5)	YEARS THERE	FORM	IER ADDRESS (0	(S)	YEARS THERE								
DO YOU: HOME TELEPHONE . NO.			GES OF DEPENDENTS		DO YOU: HOMETE				NO. C	GES OF DEPENDENTS				
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE	NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU													
EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.														
CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICATE	CURRENT EMPLOYER (INCLUDE EMPLOYEELD, IF APPLICABLE)  EMPLOYMENT DATE													
ADDRESS/CITY/STATE/ZIP					ADDRESS/CITY/STATE/ZIP									
WORK TELEPHONE POSITION		MO, GROS	SS SALARY	WOR	TELEPHONE		POSITION			MO. GROSS SALARY				
FORMER EMPLOYER POSITION		YEA	RS THERE	FORM	ER EMPLOYER		POSITION			YEARS THERE				
OTHER INCOME Alimony, child support	e income need not b	e revealed	l if You do no	choose to h	ave it consider	red. (Proof F	Required)	•						
TYPEOF OTHER INCOME MONTHLY AMOUNT					TYPE OF OTHER INCOME MONTHLY AMOUNT									
NAME AND ADDRESS OF PAYER	NAME AND ADDRESS OF PAYER													
ASSETS AND DEPOSITS Attach a		. —						4.45.55.50	- 1					
TYPE BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX.BAL,	TYPE	BANK (OF	R OTHER) NAME	E & ADDRESS	ACCOU	NT NO.	INTERES RATE	APPROX. BAL.			
										_				
CAR 1 - YR, - MAKE - MODEL	V	ALUE	1	CAR	-YRMAKE-I		-!	VALUE						
CAR 2 - YR, - MAKE - MDOEL	ALUE		CAR 2	CAR 2 - YR MAKE - MODEL						VALUE				
HOMEOWNERS; PLEASE INDICATE NAME(S) ON DEED	AP	PROX, VALUE	HOME	OWNERS: PLEA	SE INDICATE N	AME(S) ON DEEC	PURCHAS	SE PRICE		APPROX. VALUE				

CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.										A≠Applicant C=Spouse/Co-Applicant D=Debts to be paid off if loan is granted.								
PLE CHI	EC	K	LENDER (OR OTHER) NAME & ADD LIST ALL OBLIGATIONS, INCLUDING CREDIT L	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY										
+	4	_						_										
+	+	$\dashv$		7	_					<u> </u>				-				
+	+															_		
													_		-			
+	+	$\dashv$												-	-			
+	+																	
+	+										-							
$\top$	7																	
	1					()-4												
_	4							_										
_	4																	
-	4	_																
+	4	-														-		
-	4	-																
Plos		20	swer the following questions.					_					-			_		
			swer in following questions. swer is given, explain on attached sheet.	YES	NO	YES	NO			TOTA	LS							
1. Ha	ave	You	ı filed a petition for bankruptcy in the last 14 years?						Please Check	k: A=Applicant/Co-	Signer C=Co-Appli	cant	YES		YES			
2. Have You ever had any auto, furniture or property repossessed?								6.	Have You any Obliga	169	NO	155	NO					
Are You a co-maker or co-signer on any loan?								7. Do You have any past due bills?										
For Whom Amount \$						8. Is any income You have listed likely to reduce in the next two years												
4. Have You ever had credit in any other name?								9. Indicate immigration status:										
What name								Applicant U.S. Citizen Permanent U.S. Resident Other										
5. Have You any suits pending, judgments filed, alimony or support								Co-Applicant U.S. Citizen Permanent U.S. Resident Other										
awards against You?  OPTIONAL DEBT PROTECTION																		
UP	11	ON			40 6 -		dadaa		ad displayed to Va									
The total cost will be calculated and disclosed to You separately.  You are interested in Debt Protection coverage You are not interested in Debt Protection coverage																		
SIGNATURES																		
You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Federal Disclosure Statement. You will receive a copy of such Agreement And Disclosure no later than the time of Your first credit advance and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. If You are issued an ATM card or debit card, by signing below, You grant and consent to a lien on Your shares with Us (except those deposits established under a governmental approved tax deferral plan such as IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Overdraft Line of Credit balance created through the use of Your ATM card or debit card.																		
The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.													tain					
You hereby acknowledge Your intent to apply for joint credit  Applicant's Initials  Co-Applicant's Initials																		
	X	-not	re of Applicant or Co-Signer Date						X	Co-Applicant		Date			_			
Signature of Applicant or Co-Signer Date  LOAN OFFICER							Signature of Spouse/Co-Applicant  OTHER APPROVING SIGNATURES											
ADVANCE APPROVED YES NO REFERRED TO CC						ADVANCE APPROVED YES NO												
COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED COUNTER OFFER WILL BE MADE, IF ACCEPTED, L DESCRIBE COUNTER OFFER											APPRO	OVED						
	_		REASON(S) FOR REJECTION/APPROVAL															
			CER SIGNATURE DATE					T	CREDIT LIMIT \$		ADDITIONAL IN	ORMATION			- 2006			
CRE	CREDIT MANAGER OR OTHER DATE																	
☐ ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON (DATE) BY																		

A=Applicant

C=Spouse/Co-Applicant