

COMMUNITY STATE BANK

CREDIT APPLICATION

LAST TWO PAYSTUBS REQUIRED BEFORE APPLICATION WILL BE REVIEWED

IMPORTANT: PLEASE READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION, AND CHECK (✓) THE APPROPRIATE BOX BELOW.

- If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.
- If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant, if the requested credit is to be secured, then complete Section E.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E to the extent possible, providing information about the person whose alimony, support, or maintenance

Amount Requested	Payment Date Desired	Purpose of Loan			
SECTION A: APPLICANT INFORMATION			SECTION B: CO-APPLICANT INFORMATION		
Full Name			Full Name		
Date of Birth	Social Security No.	No. of Dependents	Date of Birth	Social Security No.	No. of Dependents
Present Address			Present Address		
Home Phone	Length of Residence	<input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Living with relatives	Home Phone	Length of Residence	<input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Living with relatives
Prior Address		Length of Residence	Prior Address		Length of Residence
Present Employer			Present Employer		
Gross \$ <input type="checkbox"/> Bi-Mo. <input type="checkbox"/> Monthly	Pay Days	Supervisor	Gross \$ <input type="checkbox"/> Bi-Mo. <input type="checkbox"/> Monthly	Pay Days	Supervisor
Your Position	Length of Employment	Phone Number	Your Position	Length of Employment	Phone Number
Prior Employer	Length of Employment	Reason for Leaving	Prior Employer	Length of Employment	Reason for Leaving
ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE 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			ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE 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		
Other Income \$ _____ Per Mo. Source: _____			Other Income \$ _____ Per Mo. Source: _____		
Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?			Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		
Checking Acct. No.		Where	Checking Acct. No.		Where
Savings Acct. No.		Where	Savings Acct. No.		Where
Name and address of nearest relative not living with you			Name and address of nearest relative not living with you		

SECTION C: MARITAL STATUS (Do not complete if this is an application for individual unsecured credit.)

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)

SECTION D: ASSET AND DEBIT INFORMATION
If Section B has been completed, this section should be completed, giving information about both the Applicant and 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.

DESCRIPTION OF ASSETS	VALUE	NAME OF OWNERS	Subject to Debt: Yes / No	INSURANCE AGENT
Cash in Bank				
Auto Year Make				
Auto Year Make				
Real Estate				
Stocks or Bonds				
Household Goods				
Other				
TOTALS				

OUTSTANDING DEBT	HIGHEST OWED	PRESENT BALANCE	MONTHLY PAYMENT	PAST DUE YES/NO	SECURITY PLEDGED
Mortgage or Rent to					
Auto Payment to					
TOTALS					

Are you a Co-signer Endorser or Guarantor anywhere?	<input type="checkbox"/> No <input type="checkbox"/> Yes Where?	For Whom	Amount Owed
Are there any suits or judgements against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes Where?		Amount of Judgement
Have you been declared bankrupt in the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes Where?		When?

SECTION E: Briefly describe property to be used as security and name of owner or owners

SIGNATURES
Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT'S SIGNATURE	DATE	OTHER SIGNATURE (Where Applicable)	DATE
X _____		X _____	

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit.

FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:

1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

BORROWER:

_____ Date _____
Individually

_____ Date _____
Individually



Individual/Joint Credit – Regulation B

I/We are applying for credit in the amount of \$_____ on _____ with Community State Bank.

- I am applying for individual credit in my own name and I am relying on my own income and assets.
- I am applying for individual credit and I am relying on my income and assets, as well as income or assets from other sources.
- We are applying for joint credit.

Signature(s):

Date

Date

STATE OF COLORADO

Statement of One and the Same

and
Are one and the same <input type="checkbox"/> Person <input type="checkbox"/> Company
I certify under penalty of perjury in the second degree, that the above statements are true and accurate to the best of my knowledge.
Signature