

CHECK APPROPRIATE BOX:
 Applying for individual credit
 Applying for joint credit
 Dealer _____
 Phone # _____



Collateral _____
 Purchase Price _____
 Down Payment _____
 Balance Financed _____
 Computed at _____ % for _____ mo.

1. APPLICANT:

DATE _____

Full Name (Please Print)		Date of Birth	Social Security #	
Home Address		City/State/Zip	Years	Home Phone
Previous Address		City/State/Zip	Years	
Presently Employed By	Occupation	Business Phone	If Self Employed, Attach Latest Income Tax Return	
Business Address	Gross Monthly Earnings	Years	Married <input type="checkbox"/>	Ages of Dependents
			Unmarried <input type="checkbox"/>	
			Separated <input type="checkbox"/>	
Previously Employed By	Occupation	Years	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 loan.	
Nearest Relative Not Living With You		Source of Other Monthly Income		Other Net Monthly Income
Complete Address			Relationship	

2. CO-APPLICANT:

Full Name (Please Print)		Date of Birth	Social Security #	
Home Address		City/State/Zip	Years	Home Phone
Presently Employed By		Occupation	Business Phone	If Self Employed, Attach Latest Income Tax Return
Business Address	Gross Monthly Earnings	Years	Married <input type="checkbox"/>	Ages of Dependents
			Unmarried <input type="checkbox"/>	
			Separated <input type="checkbox"/>	

3. CREDIT INFORMATION:

LIST BELOW ALL DEBTS NOW OWING (include banks, loan companies Address or Office and other large monthly payments for medical expenses, insurance, alimony or child support). Attache additional sheet if needed.		Balance Now Owing	Monthly Payment
<input type="checkbox"/> Own	Loan No. _____ Lender or Landlord		
<input type="checkbox"/> Rent		\$	\$
Second Mortgage		\$	\$
Auto Loan or Lease		\$	\$
Other (Describe)		\$	\$
VISA		\$	\$
Master Card		\$	\$

The undersigned certifies that the information set forth above and in supporting schedules is in all respects true, accurate and complete and correctly reflects financial condition on the date of this application and financial statement, and is for the purpose of obtaining credit. I agree to notify you of any material change in the statement as set forth and this statement shall be construed by you to be a continuing statement of the condition of the undersigned until written notice to the contrary is received by you.

I hereby authorize your bank to obtain such information as it may require concerning this application and financial statement and agree that such information, as well as this application and financial statement, shall remain your bank's property whether or not the loan is granted. Bank is authorized to answer questions about its credit experience with me.

 APPLICANT SIGNATURE

 DATE

 CO-APPLICANT SIGNATURE

 DATE

208 8th St.
 PO Box 430
 Alton, IA 51003
 Phone (712) 756-4125
 Fax (712) 756-4600

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 Orange City, IA 51041
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