

301 NEWMAN STREET, P.O.BOX 312, EAST TAWAS, MICHIGAN 48730 (989) 362-6700

CONSUMER LOAN APPLICATION

CREDIT REQUESTED															
Application Date Preferred Paym			Payment	ent Amount Preferred Payment Day			Au	Automatic Payment from Checking Savings Account #							
Amt. Requested (Purchase Price)			#	# of Payments Do			wn Payment Amount			Loar	n Amount				
Product				Specific Purpose of Loan											
Collateral -	- Please pro	vide a co	py of tit	le and insu	rance	e, if ava	ilable								
Year	Make		Model	Body		Cylinder	s Mil	eage	VIN	or Hull	#				
We intend to apply for joint credit. (Please initial)(Applicant)(Co-Applicant)															
APPLICAN						E	Borrowe								
Applicants Fu	ll Name (First	M.I. Last)						Social Se	curity #			Citize	nship	Year	rs of School
Home Phone	Cell Phone	Date	e of Birth				Email					Dri	vers License	e #	
ADDRESS	INEODM	ATION													
Physical Addr		ATION					Length at		Paymen	f					
							Residenc		Amount						Own
Mailing Addre	ess						Y	M							□ n .
()								141							Rent
EMPLOYN	JENT INFO	ORMAT	ION – P	lease provi	de m	ost rece	ent nav	stub							
Employer's N			1011 1	rease provi		ness Addi		Stao					Phone Nu	ımber	
Occupation/T	itle		☐ Self-	-Employed		Sta	rt Date		Length o	of Emp	loyment		Salary		
										Y		M			
Previous Employer's Name (if less than 2 yrs)			yrs)	Business A	Addres	S				-1	Phone N		 		
Occupation/T	itle		☐ Self-	-Employed		Fro	m/To Da	tes	Length o	of Emp	loyment		Salary		
							4-			v		M			
<u> </u>							to		<u> </u>	Y		M			
COMPLET	ION INST	RUCTIO	NS FO	R CO-APPI	LICA	NTS									
COMPLETION INSTRUCTIONS FOR CO-APPLICANTS (a) If you are applying for joint credit or will be permitted to use the account, complete the Co-Applicant section as Co-Borrower. (b) If the Applicant is applying for individual credit, but 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 the Co-Applicant Information section, to the extent possible, providing information about the person on whose alimony, support or maintenance payments or income or assets the Applicant is relying. (c) If the Applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested, complete the Co-Applicant Information section with regard to the Applicant's spouse.															
CO-APPLI						Cosign	ner		Guaranto	r)wnei			
Applicants Full Name (First M.I. Last)						Social Se	ecurity #			Citize	nship	Year	rs of School		
Home Phone	Cell Phone		Date of	Birth			Em	ail				I	Orivers Lice	ense #	

CONSUMER LOAN APPLICATION

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ПСБ	CONSC	DIVILIN LUAN AFFLIC	ATION	1 agc 2						
ADDRESS INFORMATION	N									
Physical Address		Length at	Payment							
N '1' A 11		Residence	Amount	Own						
Mailing Address (if different)		Y M								
(ir direction)		1 141		Rent						
EMPLOYMENT INFORM	ATION – Please provide			DI V						
Employer's Name		Business Address		Phone Number						
Occupation/Title	☐ Self-Employed	Start Date	Length of Employment	Salary						
			**							
Previous Employer's Name (if less th	nan 2 yrs) Business Ad	dress	Y Phone 1	M						
1 Tevious Employer 3 Ivame (il less il	Vullibel									
Occupation/Title	☐ Self-Employed	From/To Dates	Length of Employment	Salary						
		to	Y	M						
			1	111						
SCHEDULE OF OTHER IN	NCOME									
		need not be revealed if you do not	t wish to have it considered	as a basis for repaying this obligation.						
Alimony, child support, separate m	aintenance received under	Court Order Written A	greement	erstanding						
		port B=Bonuses C=Commission		O=Overtime R=Retirement X=Other						
App CoA Joint Type	Description		Amo	unt Frequency						
	BOUT PROCEDURES FOR			fight the funding of terrorism and money ach person who opens an account. What						
	en an account, we will ask for	your name, address, date of birth		at will allow us to identify you. We may						
				lication or in any related documents, that						
				the loan or credit will not be used for any it, either directly or through any agency						
employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my account. I understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and										
authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I further										
authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my application, credit or loan.										
APPLICANT:										
X		(Seal)								
(Applicant)		(5041)		Date)						
(F F			`	,						
APPLICANT:										
X		(Seal)								
(Co-Applicat		(Scal)		(Date)						
(Co-Applical	10)		(Dutoj						
		Bank Use Only								
Application by:	Branch		Date:							