CITIZENS PROGRESSIVE BANK

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|---|--|--|--|--|--|--|---|--|--|---|---|-----------------|---|---|--|
| IMPORTANT: Please re | ad these direction CREDITOR USE | | re completii | ng thi | is Application | n and che | ck 🗹 the a | | o priate box t YPE OF CRE | | | | - | | |
| DATEC | | | | | IMPORTAN | IT: Check | the appr | ropria | ate boxes bel | w an | complete | the | applicable | sections: | |
| ACCOUNT NO | | | | | Secured Individual Credit - relying solely on my income or assets | | | | | | | | | | |
| APPROVED By | | | | ╽┖ | Unsecured Individual Credit - relying on my income or assets as well as income on a JOINT CREDIT - We intend to apply for joint credit. (initial) Applica | | | | | assets from | | | | | |
| DECLINED By | | | | <u>L</u> , | | | NI CREDII | - ٧٧ | e intend to ap | ply to | joint cred | it. (in | Mal) <u>Appli</u> | (Initi | al) Co-Applicant |
| AMOUNT REQUESTED | PAYME | ENT DATE | DESIRED | ! | PROCEEDS O | FCREDIT | TO BE USED | FOR | | | | | HOW LO | NG? | |
| | | | SECTION | V А - | INFORMAT | | | , | | | | | | | |
| FULL NAME (Last, First, Middle) | | | | | | BIRTHO | ATE | D.L | # | | | SOX | CIAL SECUR | RITY NO. | |
| PRESENT ADDRESS (Street, City, | State & Zip) | | | - | | RENT | OWN | RESIDENTIAL PHONE H | | HOW | W LONG AT PRESENT ADDRESS? | | | ESS? | |
| PREVIOUS ADDRESS (Street, City, State & Zip) | | | | RENT OWN | | | CELL PHONE HOW LO | | | LONG | NG AT PREVIOUS ADDRESS? | | | | |
| PRESENT EMPLOYER (Company I | Name & Address) | *** | | | | <u> </u> | | <u>. </u> | | | | | | • | |
| HOW LONG WITH PRESENT EMPLOYER? | YOUR POSITION | OR TITLE | | | NAME OF SUP | | | | PERVISOR | | | | BUSINESS PHONE EXT | | |
| PREVIOUS EMPLOYER (Company | Name & Address) | | | | | | | | | HOW LONG WITH PREVIOUS EMPLOYER? | | | | | |
| YOUR PRESENT GROSS SALARY | OR COMMISSION | <u> </u> | | SENT NET SALARY OR COMMISSION | | | | NO. AGES | | | AGES OF | G OF DEPENDENTS | | | |
| \$ PER Alimony, child support, or separat | | | | | | | | s a bi | | | | | <u>,</u> | | |
| Alimony, child support, separate ma | intenance received | under: | SOURCE(S) | | HER INCOME | Vritten Ag | reement | | Oral Under | standi | ng | | | | |
| \$ PER | **** | | | | | | | | | | | | | | |
| Is any income listed in this section I reduced before the credit requested | is paid off? |] No | | | n detail, use separ | | | | | | | | | | |
| Have you ever received credit from the large of the large | | | | | g Account Num Account Numb | | | Where? Where? | | | | | | _ Balance _ _ Balance _ | |
| NAME AND ADDRESS OF NEARE | ST RELATIVE NOT | LIVING WI | TH YOU | | | | | | RELATIONSHII | | _ | | TELEPHO | ONE NO. (in | nclude Area Code |
| VERIFICATION OF IDENTI | | | | | - | | ion Date of | ID. | | | _ Date of | Issu | ie: | | |
| *Identification Official Numb | | | | | | | | | | | | | | | |
| | | | | | *ide | entificatio | on verified th | hrou | gh: | | | | | | |
| Name and address of some | one who will alwadditional Docume | rays knov | w your locat ttached | ion: _ | *ide | entificatio | on verified th | hrou | gh: | | | | | | |
| OFAC/Gov. Lists A | dditional Docume | ntation A | itached | _ | *lde | | | | | | | | | | |
| OFAC/Gov. Lists A | dditional Documer | ntation A | ttached - INFORM | ATIC | N REGARI | ING JOI | INT APPLIC | CAN | IT OR OTHI | R P | - ARTY | | COMMENTAL SECUR | | State |
| Complete agy if for p | dditional Documer SEC antered that in te | ntation A | ttached - INFORM | ATIC | ON REGARE | JING JO | INT APPLIC | CAN D.L | T OR OTHI | ER Pa | - ARTY | SOC | CIAL SECUR | HOW LO | |
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| If Section B has been completed, this Section shot Section B was not completed, only give information | uld be completed, giving in | formation about both the Ap | ND DEBTINFORMATIO | | e mark Applicant re | lated information v | rith an "A." If |
|---|-----------------------------|---|---|---------------------------------|---|---------------------|---------------------------------------|
| | ASS | SETS OWNED (Use's | eparate shoot if necessar | V) | | | |
| DESCRIPTION OF ASS | ETS | VALUE | SUBJECT TO DEBT? | | NAME(S) OF | OWNER(S) | |
| CASH | | | Yes/No | | | ••••• | |
| AUTOMOBILES (Make, Model, Year) | | \$ | | <u> </u> | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| CERTIFICATE OF DEPOSIT(S) | | | | | ······································ | | |
| CASH VALUE OF LIFE INSURANCE (Issuer, Fac | e Value) | | | | | | |
| REAL ESTATE (Location, Date Acquired) | | | | | | | |
| MARKETABLE SECURITIES (Issuer, Type, No. o | f Shares) | | | | | | |
| OTHER (List) | | | | ·-·· | | | |
| TOTAL ASSETS | | s | | - | | | |
| OUTSTANDING DEBTS (Includ | le charge accounts | , | ts, credit cards, rent, m | ortgages, etc. | Use separate | sheet if nece | ssary) |
| CREDITOR | TYPE OF DEBT | NAME IN WE | HICH ACCOUNT IS | ORIGINAL | PRESENT | MONTHLY | PAST DUE |
| LANDLORD OR MORTGAGE HOLDER | OR ACCT NBR | C | ARRIED | (Omit Rent) | BALANCE (Omit Rent) | PAYMENTS | Yes No |
| | Rent Payment | t | | (Citing None) | (On it North) | | |
| | Mortgage | | | \$ | <u>s</u> | | |
| | | | *************************************** | | <u></u> | | |
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| TOTAL DEBTS | <u> </u> | | | | | | |
| | | | | | | | |
| | CREDIT REFE | RENCES (Paid Off Ac | counts) | | | DATE PA | ND OFF |
| | | ! | | | | | |
| MY AUTO INSURANCE AGENT IS: (Name & Addre | ec.\ | | | | | | |
| Are you a co-maker, endorser, or | | | - M* | | | | |
| guarantor on any loan or contract? No Are there any unsatisfied judgements | Yes - For Whom? | ? | To Whom? | | | | |
| against you? No | Yes - Amount \$ | | If "Yes," To Whom Owed? | | | | |
| in the last 14 years? No OTHER OBLIGATIONS (For example, liability to pay | Yes - Where? | | Year? | | | | |
| OTHER OBLIGATIONS (For example, liability to pay | у антону, спна виррок, за | eparate maintenance. Use s | eparate sneet, if necessary.) | | | | |
| SECTION E - SECURED (| CREDIT (Complete | only if credit is to be | secured.) Briefly desc | ribe the prone | erty to be asve | n as security: | |
| PROPERTY DESCRIPTION | | , | | The the prope | to be give | na sceancy. | |
| | | | | | | | |
| | | | | _ | | | |
| NAMES & ADDRESSES OF ALL CO-OWNERS OF | THE PROPERTY | | | | | | |
| | | | | | | | |
| IF THE SECURITY IS REAL ESTATE, GIVE THE FL | ILL NAME OF YOUR SPO | I ISE (if any): | | | | | · · · · · · · · · · · · · · · · · · · |
| The second residence and the second residence | DEL NAME OF TOOK GFO | OOL (ii ariy). | | | | | |
| INCLIDA | NCE DISCI | OCUPE O | Company of the Cl | | D - 1 | | |
| INSUKA | MACE DISCI | LUSURE - C | Consumer's Cl | noice of | Provide | r | |
| The financial institution may no | ot engage in any | practice that wou | uld lead a consume | r to believe | that an exte | ension of cr | edit is |
| conditional upon either: | | | | | | | |
| (1) The purchase of an insu | urance product o | or annuity from th | e financial institutio | n or any of | its affiliates | ; or | |
| (2) An agreement by the co | nasina an insura | ourchase an insur Ince product or ar | ance product or and | iuity from a filiated entiti | n unamiliate | a entity; or | |
| You are free to obtain ar | | | | | | | |
| | | | | | | | |
| Everything that I have stated in this Application is co | rrect to the best of my kno | SIGNAT wledge. I understand that yo | ou will retain this Application who | ther or not it is so | proved. You are an | thorized to sheek - | v Credit end |
| employment history and to answer questions about update credit information at your request if my finance. | Your credit expenence with | i me. It ia lilegal to receive c | redit by wrongfully stating incom | a seeale orother | information on this | form. I understand | that I must |
| APPLICANTS SIGNATURE | | DATE | OTHER SIGNATURE (Where A | | | DATE | |
| X | | | | , , , | | JA16 | |
| ◆ 2002 NATIONAL BANK PRODUCTS, INC., 1-800 | 0-277-9195 CA-ID (807) | (R 01/04) | X | | | | |
| | , / | * | | | | | |

INSURANCE DISCLOSURE - Consumer's Choice of Provider (Customer Copy)

The financial institution may not engage in any practice that would lead a consumer to believe that an extension of credit is conditional upon either:

- (1) The purchase of an insurance product or annuity from the financial institution or any of its affiliates; or
- (2) An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or
- (3) A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.

You are free to obtain an insurance product or annuity from another source.