

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

P.O. Box 2930 Casper, WY 82602 (307) 234-2373 (800) 442-2392 ACCOUNT NUMBER – APPLICANT

ACCOUNT NUMBER - CO-APPLICANT

DATE

Applicant Information PRINT OR TYPE	Spouse/Co-Applicant Information													
1. If You live in a community property state, are You:	5. Complete Spouse/Co-Applicant Information only if:													
Married Separated Unmarried (Includes S	a. This is for joint credit with Your Spouse or other Co-Applicant;													
2. Married applicants can apply for individual credit.	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													
Individual Credit Joint Credit with Your Spouse/	'Co-Applica	ant		d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).										
Method of Payment: Payroll Deduction Automatic	Share Trar	nsfer Cash	ı Payment	New Mexico, Texas, washington, wisconsin (or Puerto Rico). 6. Definitions:										
Frequency of Payment: Monthly Other			,	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.										
Credit Applied For:		_						-,,						
• •	Amount R	equested \$		Refinanced Amount \$ Total Request \$										
			ollateral OfferedNo. Mo											
There are costs associated with the u	ise of a	ny Credi	t Card issued	d to Yo	u by Us. Y	ou may	/ reques	st specifi	c infor	mation a				
APPLICANT	2 Of Dy Willin	ng to Us at P.O. Box 20050, Cheyenne, WY 82003. SPOUSE/CO-APPLICANT												
	ST NAME				NAME			INITIAL	LAST NAME	ST NAME				
		L 2127112.77		2221										
SOCIAL SECURITY NUMBER		BIRTHDATE		SOCIAL SECURITY NUMBER					BIRTHDATE					
CURRENT STREET ADDRESS	APT. NO.	YEARS THEF	RE	CURR	ENT STREET ADDI			APT. NO	APT. NO. YEARS THERE					
CITY	STATE	ZIP		CITY	CITY					STATE ZIP				
DRIVER'S LICENSE NUMBER/STATE	E-MAIL AD	DRESS		DRIVE	DRIVER'S LICENSE NUMBER/STATE					E-MAIL ADDRESS				
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS T	YEARS THERE	FORM	ER ADDRESS (CO	MPLETE IF P	PREVIOUS AD	DRESS IS LESS	S THAN 3 YE	ARS)	YEARS THERE					
DO YOU: MO. PAYMENT HOME TELEPHONE	E NO.	OF DEP. AGE	S OF DEPENDENTS	DO YO	DU:	MO. PAYM	IENT HO	ME TELEPHON	E NO.	. OF DEP. AGE	S OF DEPENDENTS			
OWN RENT \$ NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LI	IVING WITH Y	YOU		OWN RENT \$ NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU										
				,										
EMPLOYMENT AND INCOME If self-	-employed	or retired. a	I attach financial sta	<u>I</u> atement o	r income tax re	eturns.								
CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) EMPLOYMENT DATE					CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) EMPLOYMENT DATE									
ADDRESS/CITY/STATE/ZIP				ADDR	ESS/CITY/STATE/Z	ΊΡ			l					
WORK TELEPHONE POSITION		MO. GROSS	INCOME	WORK	WORK TELEPHONE POSITION MO. GROS					MO. GROSS I	NCOME			
			TUEDE	FORM	FORMER EMPLOYER			POSITION		VEADO:	THERE			
FORMER EMPLOYER POSITION			THERE											
THER INCOME Alimony, child support, or se	revealed if You do not choose to have it considered. (Proof Required)													
TYPE OF 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 sepa	arate shee	at if necessar	nv.											
	OUNT NO.	INTEREST RATE	APPROX. BAL.	TYPE	BANK (OR O	THER) NAME	E & ADDRESS	ACC	OUNT NO.	INTEREST RATE	APPROX. BAL.			
		IVAIL								IVAIL				
CAR 1 - YR MAKE – MODEL BALANCE OWED					VD MANUE MAG	DEL			1 -	BALANICE OWE				
CAR 1 - YR MAKE MODEL		CAR 3 - YR MAKE - MODEL BALANCE OWED												
CAR 2 - YR MAKE - MODEL BALANCE OWED					CAR 4 - YR MAKE - MODEL BALANCE OWED									
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED					OWNERS: PLEASE	INDICATE N	NAME(S) ON I	DEED PURCE	HASE PRICE	AF	PROX. VALUE			

CI	RΕ	DI	Τ	INFORMATION Please list all open accounts with	h or w	ithout a	a balan	ice. At	tach	separate sheet if neces	sary.	A=Applicant D=Debts to be	C=Spouse paid off if loan is		
	EAS HEC	K		LENDER (OR OTHER) NAME & ADD LIST ALL OBLIGATIONS INCLUDING CREDIT U		LOANS	S.			ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	1	ONTHLY AYMENT
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PI	eas	e a	an	swer the following questions.		Δ		•						 	
lf a	Please answer the following questions. If a yes answer is given, explain on attached sheet. Please Check: A = Applicant														
	1. Is Your income likely to reduce before repayment of this loan? 6. Have You ever had property foreclosed upon?														
	2. Have You filed a petition for bankruptcy in the last 10 years? 7. Have You had property repossessed in the last 7 years? 3. Are You a U.S. Citizen or permanent resident alien? 8. Have You ever been a party to a lawsuit?														
Are You a U.S. Citizen or permanent resident alien? Do You currently have any outstanding judgments against You?							 	9. Are You a co-maker, co-signer or guarantor on credit not listed above?							
5. I	5. Have You ever had a Chapter 13 debt adjustment plan confirmed?														
0	PT	Ю	N	AL DEBT PROTECTION											
Smart Payment Protection is not required to obtain credit and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The costs for Credit Line Accounts are shown below. For Credit Line Accounts, the charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the cost shown. For Closed-End loans, the total cost will be calculated and disclosed to You separately.															
Monthly Costs per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE of the boxes below. Smart Payment Protection: Single Coverage – Yes No Joint Coverage – Yes No															
You are not interested in Smart Payment Protection Closed-End Loan Applicants - You must CHECK ONE of the boxes below.															
You are interested in Smart Payment Protection – single coverage joint coverage You are not interested in Smart Payment Protection															
NOTE: For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and You are applying for Debt Protection, You authorize Us to add the required charge to Your Account, assess a Finance Charge on the charge at the rate which applies to Your Account, and forward such charge to the plan administrator.															
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C=Spouse/Co-Applicant

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 Disclosure. If this application is for any Credit Line contained in Our Credit Card 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 Disclosure. You will receive a copy of that 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 your facisine 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 a credit card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance.

You hereby acknowledge Your intent to apply for joint credit

Applicant's Initials

Co-Applicant's Initials

To-Applicant Date

X

Signature of Applicant

Date

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license of other identifying documents.

ACKNOWLEDGMENT:		
STATE OF	_, COUNTY OF	}}ss.
This instrument was acknowledged before me this		
Ву		· · · · · · · · · · · · · · · · · · ·
My commission expires: (Seal)		
		(Notary Public)