

CONSUMER LOAN APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES 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 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 or other identifying documents.

| | |
|----------------------------|---|
| TO: Name/Address of Lender | What type of credit are you requesting? <i>(Please check appropriate box:)</i> <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED <input type="checkbox"/> OPEN-END LINE OF CREDIT <input type="checkbox"/> CLOSED-END TERM LOAN <input type="checkbox"/> INDIVIDUAL (Own income or assets) <input type="checkbox"/> INDIVIDUAL (Own income or assets plus income or assets from other sources) <input type="checkbox"/> JOINT <i>(please initial)</i> _____ <input type="checkbox"/> COSIGNER |
|----------------------------|---|

The Ohio laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

| | | | | |
|-------------|---------------|------|---------|---------|
| Loan Amount | Interest Rate | Term | Payment | Purpose |
|-------------|---------------|------|---------|---------|

| | |
|------------------------------|------------------------------------|
| LOAN ORIGATION COMPANY NAME: | LOAN ORIGATION COMPANY IDENTIFIER: |
| LOAN ORIGINATOR NAME: | LOAN ORIGINATOR LICENSE NUMBER: |

APPLICANT/COSIGNER INFORMATION

| | | | | | |
|-------------|---------|------|----------|------------------------------|---------------|
| Name (Last) | (First) | (MI) | (Suffix) | Taxpayer ID Number (SSN/TIN) | Date of Birth |
|-------------|---------|------|----------|------------------------------|---------------|

| | | | |
|----------------|----------------------------|-------|-------------------|
| Street Address | Driver's License/ID Number | State | Home Phone Number |
|----------------|----------------------------|-------|-------------------|

| | | | | | | |
|------|-------|----------|--------|----------------|-------------------|-------------------|
| City | State | ZIP Code | County | How Long There | No. of Dependents | Age of Dependents |
|------|-------|----------|--------|----------------|-------------------|-------------------|

Previous Address *(if less than 2 years at current address)*

| | | |
|----------|---------|--------------|
| Employer | Address | Phone Number |
|----------|---------|--------------|

| | | | |
|----------|----------|--|---------------------------------|
| Position | How Long | <input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly \$ | Average Monthly Overtime Pay \$ |
| | | How Often Paid | |

| | | | |
|-------------------|---------|----------|----------|
| Previous Employer | Address | Position | How Long |
|-------------------|---------|----------|----------|

| | |
|--------------------------------------|--------------|
| Nearest Relative Not Living With You | Relationship |
|--------------------------------------|--------------|

| | | | | |
|---------|------|-------|----------|-------------------------|
| Address | City | State | ZIP Code | Relative's Phone Number |
|---------|------|-------|----------|-------------------------|

| | |
|----------------------------------|--------------|
| Present Mortgage Holder/Landlord | Phone Number |
|----------------------------------|--------------|

| | |
|--|--------------------|
| <input type="checkbox"/> Own <input type="checkbox"/> Rent | Monthly Payment \$ |
|--|--------------------|

Immigration Status U.S. Citizen Perm. Resident of U.S. Other:

Marital Status: Do not complete if this application is for individual unsecured credit unless responding party resides in a community property state or is relying on property located in such a state for repayment of the credit requested.

Married Separated Unmarried (including single, divorced, and widowed)

| | | |
|-------------------------|-----------|--------|
| Other Income: Amount \$ | Frequency | Source |
|-------------------------|-----------|--------|

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support, or separate maintenance payments as a basis for repayment of this obligation, please complete the information below.

Payment Received Pursuant to: Court Order Written Agreement Oral Understanding

| | | |
|----------------------|----------------------------|---|
| Alimony per Month \$ | Child Support per Month \$ | Separate Maintenance Payment per Month \$ |
|----------------------|----------------------------|---|

CO-APPLICANT INFORMATION

| | | | | | |
|-------------|---------|------|----------|------------------------------|---------------|
| Name (Last) | (First) | (MI) | (Suffix) | Taxpayer ID Number (SSN/TIN) | Date of Birth |
|-------------|---------|------|----------|------------------------------|---------------|

| | | | |
|----------------|----------------------------|-------|-------------------|
| Street Address | Driver's License/ID Number | State | Home Phone Number |
|----------------|----------------------------|-------|-------------------|

| | | | | | | |
|------|-------|----------|--------|----------------|-------------------|-------------------|
| City | State | ZIP Code | County | How Long There | No. of Dependents | Age of Dependents |
|------|-------|----------|--------|----------------|-------------------|-------------------|

Previous Address *(if less than 2 years at current address)*

| | | |
|----------|---------|--------------|
| Employer | Address | Phone Number |
|----------|---------|--------------|

| | | | |
|----------|----------|--|---------------------------------|
| Position | How Long | <input type="checkbox"/> Gross <input type="checkbox"/> Net <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly \$ | Average Monthly Overtime Pay \$ |
| | | How Often Paid | |

| | | | |
|-------------------|---------|----------|----------|
| Previous Employer | Address | Position | How Long |
|-------------------|---------|----------|----------|

| | |
|--------------------------------------|--------------|
| Nearest Relative Not Living With You | Relationship |
|--------------------------------------|--------------|

| | | | | |
|---------|------|-------|----------|-------------------------|
| Address | City | State | ZIP Code | Relative's Phone Number |
|---------|------|-------|----------|-------------------------|

| | |
|----------------------------------|--------------|
| Present Mortgage Holder/Landlord | Phone Number |
|----------------------------------|--------------|

| | |
|--|--------------------|
| <input type="checkbox"/> Own <input type="checkbox"/> Rent | Monthly Payment \$ |
|--|--------------------|

Immigration Status U.S. Citizen Perm. Resident of U.S. Other:

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| | | |
|-------------------------|-----------|--------|
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| | | |
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| Alimony per Month \$ | Child Support per Month \$ | Separate Maintenance Payment per Month \$ |
|----------------------|----------------------------|---|

ADDITIONAL INFORMATION

If you, a joint applicant, or other party answers "yes" to any of the following questions, please explain in the space provided.

Are you a guarantor or co-maker of any leases, contracts, or debts? Applicant: Yes No Joint Applicant/Other Party: Yes No

Are there any suits or judgments pending against you? Applicant: Yes No Joint Applicant/Other Party: Yes No

Have you been declared bankrupt in the last 10 years? Applicant: Yes No Joint Applicant/Other Party: Yes No

