



180 Second St. SW
 Barberton, OH 44203
 Phone: (330) 745-8897
 Toll Free (888) 745-8897
 Fax: (330) 745-8055

CREDIT APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

- 1. If You live in Puerto Rico or a community property state, are You:**
- Married Separated Unmarried (Includes Single, Divorced and Widowed)
- 2. Married applicants can apply for individual credit. Indicate if You would like:**
- Individual Credit Joint Credit with Your Spouse/Co-Applicant
- 3. Method of Payment:** Payroll Deduction Automatic Share Transfer Cash Payment

Spouse/Co-Applicant Information

- 4. Complete Spouse/Co-Applicant information only if:**
- a. This is for joint credit with Your Spouse or other Co-Applicant;
 - 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
 - d. You live in a community property state or jurisdiction: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, or Puerto Rico.
- 5. Definitions:**
 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:

Type of credit _____ Amount Requested \$ _____
 Purpose _____ Collateral Offered _____ Value \$ _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (888) 745-8897 or by writing Us at 180 2nd Street SW, Barberton, OH 44203.

APPLICANT

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE	
CITY		STATE	ZIP	
MOTHER'S MAIDEN NAME		DRIVER'S LICENSE NUMBER		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE	
DO YOU:	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER				
NAME OF PERSONAL REFERENCE NOT LIVING WITH YOU		CONTACT NUMBER		

SPOUSE/CO-APPLICANT

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE	
CITY		STATE	ZIP	
MOTHER'S MAIDEN NAME		DRIVER'S LICENSE NUMBER		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)			YEARS THERE	
DO YOU:	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS	
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER				
NAME OF PERSONAL REFERENCE NOT LIVING WITH YOU		CONTACT NUMBER		

EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

OTHER INCOME Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered (proof of other income required).

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

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NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NUMBER	APPROX. BALANCE

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