## Auto Loan Application

First Name:	Last Name:		
Submitted on:			
several questions and to pro sources to confirm the inform Privacy Policy:	vide one or more forms of identification to fulfill nation. The information you provide is protected		
Our privacy policy protects the	ne privacy of your personally-identifying informa	tion that you provide us online.	
		ami, Kosciusko, Whitley, Allen, Noble, Elkhart, Marshall, sroads branch if you reside outside of these counties.	
Identification Procedures Re law requires all financial insti What this means for you: Wh	tutions to obtain, verify, and record information	inding of terrorism and money laundering activities, Federal that identifies each person who opens an account. ame, address, date of birth, and other information that will be identifying documents.	
You should ONLY fill out this		e latest security enhancements. If you don't have the latest nputer's memory) when you QUIT your browser.	
	ne and click "Submit Application." , QUIT your browser and restart it again after u	sing this form.	
		imercial use. A valid social security number is required to eting this form. Upon receipt of the application, we will send	
	Auto Loan Requ	est	
Purpose of Loan: (required)			
Amount Requested: (required)			
	Individual Credit - relying solely on my ind	come or assets	
Type of Application: (required)	O Individual Credit - relying on my income or assets as well as income or assets from other sources		
	O Joint Credit - we intend to apply for joint of	redit	
If you are applying for Joint Credit, please insert your	Applicant Initials	Co-Applicant Initials	

initials below: (required)

Term Requested:	<ul><li>○ 24 mos.</li><li>○ 36 mos.</li><li>○ 48 mos.</li><li>○ 60 mos.</li><li>○ Other:</li></ul>			
Vehicle Description (required)	Year of Vehicle		Make	Model
VIN #: (required)				
Purchase Price Down Pay			Down Paymer	nt
		Applicant		
First Name		Middle Initial		Last Name
Date of Birth		Social Security No.		
Your E-mail Address				
Home Phone			Work Phone	)
		Residence		
Your Primary Residence: (required)	Own with Mortgage No Mortgage Rent	, toolidenes		
	Other:			
Address Is 5	Address Line 1			
Address Information (required)	Address Line 2			
	City	State	ZIP Code	

Years At Present Address  Your Previous Address		Your Monthly rent or Mortgage Payment		
		ears at Previous Address		
Address Line 1				
Address Line 2  City	State	ZIP Code		
	Home Information			
operty Address (If differe	ent from above)	Years in this Area		
	Current Mortgage Holder			
Purchase Price		Mortgage Balance		
	Employment			
	-mnlover	Phone		
Your Present E	шрюув	Fliotie		
Your Present E				
	шроуе			
Address Line 1	State	ZIP Code		
	Address Line 1 Address Line 2 City	Address Line 1 Address Line 2 City State  Home Information roperty Address (If different from above)  Current Mortgage Holder  ice Market Value		

Other Monthly Income		Source of Other Income		
Previous Employer		Years at Previous Employer		
Address Information (required)	Address Line 1 Address Line 2			
	City	State	ZIP Code	
	Addition	al Information		
	Your Checking Account Number		Institution Name	
Your Savings Account Number			Institution Name	
Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any	
Total Amount of Other Monthly Payments not listed above:	Ł			
	Co-	-Applicant		
First Name	e Mid	ddle Initial	Last Name	
Date of Birth		Social Security No.		
Your E-mail Address				
Home Phone		w	ork Phone	

Co-Applicant Residence				
	Own with Mortgage			
Your Primary Residence:	Own Clear			
	Rent			
	Other:			
	Other.			
Address Information	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
Years At Pres	sent Address	Your Mon	thly Rent or Mortgage Payment	
Your Pr	revious Address	Years at Previous Address		
		_		
	Address Line 1			
Nearest Relative NOT living with you:	Address Line 2			
	City	State	ZIP Code	
Phone:				
Relationship:				
	Co-Applic	ant Home Information		
Property Address (If different from above)			Years in this Area	
Current Mortgage Holder				
Purchase Price Market Va		ket Value	Mortgage Balance	
	Со-Арр	olicant Employment		
Your Present Employer Phone			Phone	

	Address Line 1			
Address Information	Address Line 2			
	City	State	ZIP	Code
Monthly Gro	oss Salary	Position / Title		Employment Date
– You do not have to list alimo granting and repayment of th	ny, child support or separate mai nis credit request.	ntenance income unless y	ou want us to co	onsider it for the purposes of
Other	Other Monthly Income Source of Other Income		er Income	
Previous	: Employer	Year	rs at Previous E	mployer
Address Information	Address Line 1			
Address Information	Address Line 2  City	State	ZIP	Code
	Co-Applica	ant Additional Information		
	Your Checking Account Number			Institution Name
Your Savings Account Number		Institution Name		
Name of Creditor	Approx. Balance	Monthly P	ayment	Collateral, if any
Total Amount of Other Monthly Payments not listed above:				

Assets	Value	Title Held Name	
Contact Method			
What is the best option to contact you? (required)	Phone Number	Email Address	
Note: By signing this application I hereby certify that the information is true, correct, and complete. There are no other debts or obligations except as listed and these are correct to the best of my knowledge. I further certify that no litigation is pending against me and I have not applied for or have been adjudicated bankrupt except as indicated on this application. You may investigate any of the information provided by me for the purposes of opening and maintaining an account. All applicable information provided to you shall be used and maintained in accordance with the Fair Credit Reporting Act.			
(required)	I/We AGREE with the above statemen	t	