

## Auto/RV/Motorcycle Loan Application

First Name:	Last Name:		
Submitted on:			
Date (required)			
several questions and to pro sources to confirm the inform Privacy Policy: Our privacy policy protects the Applicants must reside in one Fulton, Cass, Howard, Grant	vide one or more forms of identification to fulfill nation. The information you provide is protected ne privacy of your personally-identifying information of the following Indiana counties: Wabash, Mark, Huntington. Please contact your nearest Cross		
Identification Procedures Relaw requires all financial insti What this means for you: Whallow us to identify you. We resecutive Notice:	tutions to obtain, verify, and record information nen you open an account, we will ask for your r may also ask to see your driver's license or oth		
version, download a copy no		e latest security enhancements. If you don't have the latest mputer's memory) when you QUIT your browser.	
	ne and click "Submit Application." r, QUIT your browser and restart it again after u	ising this form.	
		nmercial use. A valid social security number is required to eting this form. Upon receipt of the application, we will send	
	Loan Reques		
Purpose of Loan: (required)			
Amount Requested: (required)			
	O Individual Credit - relying solely on my in	come or assets	
Type of Application: (required)	Individual Credit - relying on my income	or assets as well as income or assets from other sources	
	Joint Credit - we intend to apply for joint	credit	
If you are applying for Joint Credit, please insert your initials below: (required)	Applicant Initials	Co-Applicant Initials	

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 Vo	ehicle	Make	Model
VIN #: (required)				
Mileage: (required)				
F	Purchase Price		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 Other:			

You	r Previous Address	Υ	ears at Previous Address
Nearest Relative NOT livi	Address Line 1		
with you:	Address Line 2		
	City	State State	ZIP Code
Phone:			
Relationship:	Property Address (If differ	Home Information rent from above)	Years in this Area
Relationship:	Property Address (If different		Years in this Area
Relationship:  Purchase		rent from above)	Years in this Area  Mortgage Balance
		rent from above)  Current Mortgage Holder	
		Current Mortgage Holder  Market Value  Employment	
Purchase	Price	Current Mortgage Holder  Market Value  Employment	Mortgage Balance
Purchase  Address Information (required)	Price  Your Present	Current Mortgage Holder  Market Value  Employment	Mortgage Balance

– You do not have to list alime granting and repayment of t	ony, child support or separate mainten his credit request.	ance income unless you want us	to consider it for the purposes of
Othe	r Monthly Income	Source of	Other Income
Previou	s Employer	Years at Previou	us Employer
Address Information (required)	Address Line 1 Address Line 2		
(required)	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:	1		
First Nam		Applicant	Last Name
First Nam	e Mid		Last Name
Date	e of Birth	Social Secu	urity No.
	Your E	-mail Address	

	Home Phone		Work Phone	
Your Primary Residence:	Own with Mortga Own Clear Rent Other:	Co-Applicant Residence		
Address Information	Address Line 1  Address Line 2  City	State	ZIP Code	
Years At Pres	ent Address	Your Mont	hly Rent or Mortgage Payment	
Your Pro	evious Address		Years at Previous Address	
Nearest Relative NOT living with you:	Address Line 1 Address Line 2	Chala	ZIP Code	
	City	State	ZIF Code	
Phone: Relationship:				
·		Co-Applicant Home Information		
Pro	perty Address (If differ	rent from above)	Years in this Area	
Current Mortgage Holder				
Purchase Pric	ce	Market Value	Mortgage Balance	
Co-Applicant Employment				

Your Present Employer		Phone	
Address Information	Address Line 1 Address Line 2		
	City	State	ZIP Code
Monthly Gross Salary		Position / Title	Employment Date
You do not have to list alimogranting and repayment of the second secon		itenance income unless you war	nt us to consider it for the purposes of
Other	r Monthly Income	Source	ce of Other Income
Previous	s Employer	Years at Pr	evious Employer
	Address Line 1		
Address Information	Address Line 2  City	State	ZIP Code
	Co-Applicat Your Checking Account Number	nt Additional Information	Institution Name
	Your Savings Account Number		Institution Name
Name of Creditor	Approx. Balance	Monthly Paymen	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	
NOTICE:  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 statement		