

## Member FDIC | Equal Housing Lender **Privacy Policy**

## Auto Loan Application

| Auto Loan Application   |  |   |  |
|---|--|---|--|
| First Name:   | Last Name  | :   |  |
| Submitted on:   |  |   |  |
| Important Information about Identification Procedures Relaw requires all financial insti What this means for you: Whallow us to identify you. We rescurity Notice: You should ONLY fill out this version, download a copy not Instructions:  1. Print this loan application and 2. Complete application on-liading. To safeguard your privacy | Procedures for Opening a New Account quirements: To help the government fight the funding tutions to obtain, verify, and record information that nen you open an account, we will ask for your name may also ask to see your driver's license or other idention. This form is NOT cached (saved in your computation) and gather the information you'll need. The and click "Submit Application" or fax it to 715-39 and gather the information you'll need. The and click "Submit Application" or fax it to 715-39 and gather the information you'll need. The and click "Submit Application" or fax it to 715-39 and the process of the information you will need before completing the the information you will need before completing the process of the process o | ng of terrorism and money laus identifies each person who of e, address, date of birth, and contifying documents.  The est security enhancements. If the er's memory) when you QUIT of this form.  The eris form. | pens an account. other information that will f you don't have the latest your browser.  ty number is required to |
|   | Auto Loan Request  |   |  |
| Amount Requested:   | ☐ Individual Applicant   |   |  |
| Type of Application:  | O Joint Applicant  |   |  |
| Desired Monthly Payment   |  |   |  |
| or Term Requested:  | <ul><li>○ 24 mos.</li><li>○ 36 mos.</li><li>○ 48 mos.</li><li>○ 60 mos.</li><li>○ Other:</li></ul>   |   |  |
| Vahiala Dagarintian   | Year of Vehicle  | Make  | Model  |

Vehicle Description (required)

| Purchase Price  |                        | Down Payment           | Finance Amount      |  |
|---|------------------------|------------------------|---------------------|--|
| Dealer Name   |                        |                        |                     |  |
| Trade-In  |                        |                        |                     |  |
| Purchasing from Dealer  | Purchasing from Dealer |                        |                     |  |
| Creditor of Trade-In  |                        |                        |                     |  |
|   |                        | Applicant              |                     |  |
| First Name  |                        | Middle Initial         | Last Name           |  |
| Date of Birth   |                        | Social Security No.    | No. of Dependents   |  |
| Driver's License  | e No.                  | Driver's License State | Your E-mail Address |  |
| Home Phone  | е                      | Best Time to Call      | Work Phone          |  |
| Are there any unsatisfied Judgments against you?   O Yes O No |                        |                        |                     |  |
| Have you been declared bankrupt in the last 7 years?          | O Yes                  |                        |                     |  |
|   |                        | Residence              |                     |  |
|   | Own with               | Mortgage<br>nr         |                     |  |
| Your Primary Residence:                                       | Other:                 |                        |                     |  |
|   | Address Line           | e 1                    |                     |  |
| Address Information   | Address Line           | 2                      |                     |  |
|   | City                   | State                  | ZIP Code            |  |

| Years At Present Address  |   | Your Moi                      | nthly rate or Mortgage Payment   |
|---------------------------|---|-------------------------------|--|
| Years At Previous Address |   |                               | Your Previous Address  |
|                           |   | Home Information              |  |
| (                         | Collateral Property Address   | (If different from above)     | Date Purchased   |
| Cu                        | ırrent Mortgage Holder  |                               | Mortgage Holder Phone  |
| Purchase                  | Price   | Market Value                  | Mortgage Balance   |
|                           |   | Employment                    |  |
|                           | <ul><li>Employed</li><li>Unemployed</li><li>Self-Employed</li><li>Retired</li></ul> |                               |  |
| Your Present Employer     |   | mployer                       | Phone  |
| Address Information       | Address Line 1  Address Line 2  City  | State                         | ZIP Code   |
| Gross                     | Monthly Salary  | Your Positio                  |  |
| granting and repayment o  | mony, child support or sepa<br>f this credit request.<br>ner Monthly Income         | rate maintenance income unles | s you want us to consider it for the purposes of  Source of Other Income |
|                           | memmy moonlo  |                               |  |

| Previous Em   | ployer (if less than 3 years at curre | nt employer)     | Years at Previous Employer |  |
|---|---------------------------------------|------------------|----------------------------|--|
|   | Address Line 1                        |                  |                            |  |
| Address Information                                 | Address Line 2                        |                  |                            |  |
|   | City                                  | State            | ZIP Code                   |  |
|   | Additio                               | onal Information |                            |  |
| •   | Your Checking Account Number          |                  | Institution Name           |  |
|   | Your Savings Account Number           |                  | Institution Name           |  |
| Name of Creditor                                    | Approx. Balance                       | Monthly Payment  | Collateral, if any         |  |
| otal Amount of Other<br>Monthly Payments not listed |                                       |                  |                            |  |
| Assets  | Value                                 | Т                | itle Held Name             |  |
|   | Co                                    | o-Applicant      |                            |  |
| First Name  |                                       | liddle Initial   | Last Name                  |  |
| Date of Birth                                       | Social Secu                           | rity No.         | No. of Dependents          |  |
| Driver's License                                    | No. Driver's                          | s License State  | Your E-mail Address        |  |
| Home Phone  | Bes                                   | st Time To Call  | Work Phone                 |  |

| Co-Applicant Residence                          |   |                              |                       |   |  |
|---|---|------------------------------|-----------------------|---|--|
| Own with Mortgage                               |   |                              |                       |   |  |
|   | Own Clear   |                              |                       |   |  |
| Your Primary Residence:                         | O Best  |                              |                       |   |  |
| roar rimary recordence.                         | Rent  |                              |                       |   |  |
|   | Other:  |                              |                       |   |  |
|   |   |                              |                       |   |  |
|   | Address Line 1  |                              |                       |   |  |
| Address Information                             | Address Line 2  |                              |                       |   |  |
|   | City  | State                        | ZIP Code              | _ |  |
| Years At Pre                                    | Years At Present Address Your Monthly Rent or Mortgage Payment        |                              |                       |   |  |
| Years At Previous Address Your Previous Address |   |                              | Your Previous Address | _ |  |
|   |   |                              |                       | _ |  |
|   | Co  | o-Applicant Home Information |                       |   |  |
| Со  | Collateral Property Address (If different from above)  Date Purchased |                              |                       |   |  |
| Current Mortgage Holder                         |   |                              | Mortgage Holder Phone |   |  |
|   |   |                              |                       |   |  |
| Purchase Pr                                     | rice  | Market Value                 | Mortgage Balance      |   |  |
| Co-Applicant Employment                         |   |                              |                       |   |  |
|   | ○ Employed  |                              |                       |   |  |
|   | Self - Employed   |                              |                       |   |  |
|   | Retired   |                              |                       |   |  |
|   | \   |                              |                       |   |  |
|   | Unemployed  |                              |                       |   |  |
|   | Your Present Em   | ployer                       | Phone                 |   |  |

| Address Information  | Address Line 1  |                             |                     |                            |
|--|---|-----------------------------|---------------------|----------------------------|
|  | Address Line 2  City                                      | State                       | ZIP Cod             | e                          |
| Gross M  | flonthly Salary   | Your Position               |                     | Years There                |
| –<br>You do not have to list alim<br>granting and repayment of | ony, child support or separate ma<br>this credit request. | intenance income unless you | u want us to consid | der it for the purposes of |
| Othe   | er Monthly Income   | ,                           | Source of Other In  | come                       |
| Previous E   | mployer (if less than 3 years at cu                       | ırrent employer)            | Years a             | t Previous Employer        |
|  | Address Line 1  |                             |                     |                            |
| Address Information  | Address Line 2  |                             |                     |                            |
|  | City State  |                             | ZIP Code            |                            |
|  | Co-Applic   | ant Additional Information  |                     |                            |
|  | Your Checking Account Number                              |                             | Inst                | itution Name               |
|  | Your Savings Account Number                               |                             | Insti               | tution Name                |
| Name of Creditor   | Approx. Balance   | Monthly Pay                 | vment               | Collateral, if any         |
|  |   |                             |                     |                            |
|  |   |                             |                     |                            |
| Total Amount of Other<br>Monthly Payments not liste<br>above:  | d   |                             |                     |                            |

| Assets  | Value   | Title Held Name  |  |  |
|---|---|--|--|--|
| Applicant(s) Statement  |   |  |  |  |
| ·   | equest for credit in consideration of Superion contained herein is accurate and com | for Savings Bank lending to me and/or others upon my guarantee. plete to the best of my knowledge.                                 |  |  |
| employment and salary histo   |   | cation, to rely on the foregoing, to check and verify my credit, cerning my credit worthiness and to exchange information about my |  |  |
| I authorize my employer (present and future), bank and other references listed above to release and/or verify information to Superior Savings Bank at any time. I acknowledge that this application is subject to approval of credit and acceptance by Superior Savings Bank. Should my request for credit and subsequent loan be approved, I agree to give Superior Savings Bank written notice immediately upon change of my name, address, employment or any other pertinent information contained herein. |   |  |  |  |
| (required)  | I/We AGREE with the above states  | ment   |  |  |