



2623 De La Vina St, Santa Barbara, CA 93105
Phone: 805-682-3357 • Fax: 805-569-9047

CREDIT LINE ACCOUNT AND PERSONAL LOAN 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 a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for individual credit. Indicate if You want an: <input type="checkbox"/> Individual Loan <input type="checkbox"/> Joint Loan with Your Spouse/Co-Applicant 3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Share Transfer <input type="checkbox"/> Cash Payment 4. Frequency of Payment: <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	Spouse/Co-Applicant Information 5. 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: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico). 6. 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.
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Open-End Credit Applied For: <input type="checkbox"/> _____ - Limit Desired \$ _____ <input type="checkbox"/> _____ - Limit Desired \$ _____ <input type="checkbox"/> _____ - Limit Desired \$ _____ <input type="checkbox"/> _____ - Limit Desired \$ _____ <input type="checkbox"/> Other _____	Closed-End Credit Applied For: Type: <input type="checkbox"/> New Auto <input type="checkbox"/> Used Auto <input type="checkbox"/> Signature <input type="checkbox"/> Other (specify) _____ Amount Requested \$ _____ Length of Repayment Mos. _____ Purpose _____ Collateral Offered _____
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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 (805) 682-3357 [callers from outside of the (805) area code may call collect] or by writings to Us at 2623 De La Vina Street, Santa Barbara, CA 93105.

APPLICANT OR CO-SIGNER	SPOUSE/CO-APPLICANT																																																						
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EMPLOYMENT AND INCOME	If self-employed or retired, attach financial statement or income tax returns.																								
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OTHER INCOME	You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.								
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ASSETS AND DEPOSITS					Attach a separate sheet if necessary.				
TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.	TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
Checking					Checking				
Savings					Savings				
Other					Other				
CAR 1 - YR. - MAKE - MODEL			BALANCE OWED \$		CAR 1 - YR. - MAKE - MODEL			BALANCE OWED \$	
CAR 2 - YR. - MAKE - MODEL			BALANCE OWED \$		CAR 2 - YR. - MAKE - MODEL			BALANCE OWED \$	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED			PURCHASE PRICE \$	APPROX. VALUE \$	HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED			PURCHASE PRICE \$	APPROX. VALUE \$

CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

A = Applicant C = Spouse/Co-Applicant
D = Debts to be paid off if loan is granted

PLEASE CHECK			LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Please answer the following questions. If a yes answer is given, explain on attached sheet.		A		C		TOTALS		\$	\$
		Yes	No	Yes	No				
1. Have You filed a petition for bankruptcy in the last 14 years?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Check: A=Applicant/Co-Signer C=Spouse/Co-Applicant		Yes	No
2. Have You ever had any auto, furniture or property repossessed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do You have any past due bills?		<input type="checkbox"/>	<input type="checkbox"/>
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is any income You have listed likely to reduce in the next two years?		<input type="checkbox"/>	<input type="checkbox"/>
4. Have You ever had credit in any other name? What Name _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Do You have any credit application(s) pending, that if approved, will result in additional debt? Creditor(s) _____ Total Amount(s) \$ _____		<input type="checkbox"/>	<input type="checkbox"/>
5. Have You any suits pending, judgments filed, alimony or support awards against You?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____			
6. Have You any obligations not listed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Credit Card contained in Our Credit Card Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Card Account Agreement And Disclosure. You acknowledge receiving a copy of that Agreement and promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a credit card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance.**

You hereby acknowledge Your intent to apply for joint credit _____
 Applicant's Initials Co-Applicant's Initials

APPLICANT/CO-SIGNER SIGNATURE	SPOUSE/CO-APPLICANT SIGNATURE
DATE	DATE

LOAN OFFICER	CREDIT MANAGER OR OTHER
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED	LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED
DESCRIBE COUNTER OFFER:	
SPECIFIC REASON(S) FOR REJECTION/APPROVAL:	
LOAN OFFICER SIGNATURE	DATE
CREDIT MANAGER OR OTHER	DATE
ADDITIONAL INFORMATION:	
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON _____ (DATE) BY _____	