

401 Halibut Point Road Sitka, Alaska 99835

CREDIT LINE ACCOUNT AND	
PERSONAL LOAN APPLICATION	\

Phone: (907) 747-6261 Toll Free: 888-747-6261 ACCOUNT NUMBER - APPLICANT ACCOUNT NUMBER - CO-APPLICANT DATE Fax: (907) 747-8038 Applicant Information PRINT OR TYPE ALL INFORMATION Spouse/Co-Applicant Information 5. Complete Spouse/Co-Applicant Information only if: 1. If You live in a community property state, are You: a. This is for joint credit with Your Spouse or other Co-Applicant; ☐ Married ☐ Separated ☐ Unmarried (Includes Single, Divorced and Widowed) b. Your Spouse will use Your Account; You are relying on Your Spouse's income as a source of repayment for the credit requested; or 2. Married applicants can apply for individual credit. Indicate if You would like: You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico). ☐ Individual Credit ☐ Joint Credit with Your Spouse/Co-Applicant 6. Definitions: 3. Method of Payment: Payroll Deduction Automatic Share Transfer Cash Payment 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. 4. Frequency of Payment: Monthly Other **Credit Applied For:** Refinanced Amount \$ Total Request \$ Type of credit Amount Requested \$ Purpose Collateral Offered **APPLICANT** SPOUSE/CO-APPLICANT FIRST NAME INITIAL LAST NAME SOCIAL SECURITY NUMBER BIRTHDATE SOCIAL SECURITY NUMBER BIRTHDATE CURRENT STREET ADDRESS APT. NO. YEARS THERE CURRENT STREET ADDRESS YEARS THERE CITY STATE 7IP STATE 7IP DRIVER'S LICENSE NUMBER/STATE DRIVER'S LICENSE NUMBER/STATE F-MAIL ADDRESS E-MAIL ADDRESS FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS) YEARS THERE FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS) YEARS THERE MO. PAYMENT HOME TELEPHONE NO. OF DEP. AGES OF DEPENDENTS MO. PAYMENT HOME TELEPHONE DO YOU: DO YOU: OWN RENT OWN RENT NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU **EMPLOYMENT AND INCOME** If self-employed or retired, attach financial statement or income tax returns. EMPLOYMENT DATE CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) EMPLOYMENT DATE CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) ADDRESS/CITY/STATE/ZIP ADDRESS/CITY/STATE/ZIP WORK TELEPHONE POSITION MO. GROSS INCOME WORK TELEPHONE MO. GROSS INCOME POSITION FORMER EMPLOYER POSITION YEARS THERE 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 Required) TYPE OF OTHER INCOME TYPE OF OTHER INCOME MONTHLY AMOUNT

<b>ASSETS</b>	AND	<b>DEPOSITS</b>	Attach a separate sheet if necessary

NAME AND ADDRESS OF PAYER

ASSETS AND DEPOSITS Attach a separate sheet if necessary.									
TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.		REST TE APPROX. BAL.					
CHE									
のエーとい用この									
S A V									
-zg%									
OTHER									
CAR	1 - YR MAKE – MODEL		BALANCI	E OWED	1				
CAR	2 - YR MAKE – MODEL	BALANCE OWED			1				
НОМІ	EOWNERS: PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE APPROX. VALUE			OX. VALUE				

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTERE RATI		APPROX. BAL.			
CIHCK-ZG								
SAV-NGS								
OT H E R								
CAR 1	- YR MAKE - MODEL		BALANCE (	OWED				
CAR 2	- YR MAKE - MODEL	BALANCE OWED						
HOME	OWNERS: PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE AP			PROX. VALUE			

NAME AND ADDRESS OF PAYER

CRI	DI	TINFORMATION Please list all open accounts wi	th or wi	thout a	a balaı	nce. At	tach separate sheet if neces	ssary.	A=Applicant D=Debts to be				pplica ted.	int
PLE CHE	CK	LENDER (OR OTHER ) NAME AND ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS					ACCOUNT NUMBER	INTEREST RATE	ORIGINAL BALANCE AMOUNT				MONTHLY PAYMENT	
		l nswer the following questions. nswer is given, explain on attached sheet.	YES	NO		NO NO	Т	OTA	LS					
1. Ha	e You	ifiled a petition for bankruptcy in the last 10 years?					Please Check: A=	Applicant/Co-Si	gner C=Co-Appli	icant	YES	NO	YES	NC
2. Ha	e You	ever had any auto, furniture or property repossessed?					6. Have You any Obligation	ns not listed?						
3. Are	you a	co-maker or co-signer on any loan?					7. Do You have any past of	due bills?						
		m Amount \$ u ever had credit in any other name?					<ul><li>8. Is any income You have</li><li>9. Indicate immigration sta</li></ul>		educe in the next to	wo years?				
	•	•					· _		Permanent U.S. F	Resident	□ Ot	her		
5. Ha		any suits pending, judgments filed, alimony or support					Co-Applicant U.S.		Permanent U.S. F		□ Other			
		gainst You?  NAL CREDIT INSURANCE												_
last d	ou al	CREDIT DISABILITY (Primary Borrower Only): Single	Line Accal insurating Bal Coveration Coverat	counts ance p lance age - age - joint are no	for C  You m cover t inter	redit credit is	ce charge is calculated each calculated and disclosed.  Line Accounts - You must a Yes No  Yes No  HECK ONE OR MORE of You are interested in Common in Credit Insurance approved. If this application is calculated and the common in Credit Insurance in Common	th month by multi to You separatel st CHECK ONE Joint Coverag Joint Coverag f the boxes bel Credit Life Insur- ion is for a Cre	iplying the outstandy.  GOR MORE of the gericology of the gericolo	e boxes be Yes I Yes I Yes I Yes I Yes I Yes I rerage I yo	low. No No int co	verag	le	n the
prem	ums 1	o the Insurance Company.	7,000	Jiit, 01	large	u 1 iii	inde enarge on the premi	and at the rate	willow applied to	1001 710000	int, un	u 1011	raia c	uon
		E OF APPLICANT												
You veragent appropries time of authornary to	varran s to ir ved, \ of You rize U e ass	the truth of the above information and You realize that it will vestigate and verify any information provided to Us by You. I fou are contractually liable according to the applicable terms or first credit advance and You promise to pay all amounts chapter to accept Your facsimile signatures on this application and a ociated with permitting Us to accept Your facsimile signature.  acknowledge Your intent to apply for joint credit	If this ap of the Cr arged to	oplicati redit Lin Your at Your	on is to ne Accou Accou r facsin	for any count A unt acc mile sig	Feature Category contained greement and Disclosure. Your ording to its terms. If this is a	in Our Credit Lir ou will receive a c a joint application	ne Account Program copy of that Agreem , You agree that su	n, You agree nent and Discl uch liability is	and u osure joint a	ndersi no lat	tand ther than everal.	nat if n the You
х							x							
Sig	natur	e of Applicant Date					Signature of Spouse/Co-			Date				_
		LOAN OFFICER					C		NAGER OR		}			
DESC		ADVANCE APPROVED YES NO REFERI COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOA COUNTER OFFER			<u>D</u>		☐ COUNTER (	LOAN APPRO	OVED YES MADE. IF ACCE	□NO PTED, LOAN	APPF	ROVE	)	
SPEC	IFIC I	REASON(S) FOR REJECTION/APPROVAL												
LOAN	OFF	CER SIGNATURE DAT	TE				ADDITIONAL INFORMA	TION						
CREE	IT MA	NAGER OR OTHER DAT	TE											
ПЕС	OA N	OTICE AND REASON FOR REJECTION OR UNACCEPTE	ED COU	INTER	R-OFF	ER SE	TOR DELIVERED ON		(DATE) BY					