

Instructions to Married Applicant(s): Answer all questions relating to you. Also answer all questions relating to your spouse unless you are separated and your spouse is not also applying for credit. All income and property will be assumed to be community property and all obligations will be assumed to be community debts unless "SP" is written next to the income, property or debt.

CONSUMER CREDIT APPLICATION				Each applicant may apply for individual or joint credit, regardless of marital status. This application is for: [] Individual credit. [] Joint credit with the applicant's spouse. [] Joint credit with _____ whose separate credit application is attached.			
APPLICANT				CO-APPLICANT			
NAME (First, Middle Initial, Last)			# IN FAMILY	U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME (First, Middle Initial, Last)	
DATE OF BIRTH	SOCIAL SECURITY #	DRIVERS LICENSE #	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (Single, Divorced, or widowed)		DATE OF BIRTH	SOCIAL SECURITY #	
CURRENT ADDRESS (Street, City, State, Zip Code) – Street address MUST be shown)				RELATIONSHIP TO APPLICANT:		DRIVER'S LICENSE NUMBER	
CURRENT MAILING ADDRESS (if Different)				CURRENT ADDRESS (Street, City, State \$ Zip Code) – Street address MUST be shown)			
HOW LONG	Rent/Own \$ month	HOME TELEPHONE					
PREVIOUS ADDRESS (Street, City, State \$ Zip Code) – If less than 2 years			NUMBER OF YRS.				NO. OF YRS.
EMPLOYER'S NAME			HOW LONG EMPLOYED		HOME TELEPHONE		
EMPLOYER'S ADDRESS							
OCCUPATION	SELF-EMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No	BUSINESS TELEPHONE		GROSS MONTHLY INCOME		EMPLOYER'S NAME	
PREVIOUS EMPLOYER'S NAME & ADDRESS			HOW LONG EMPLOYED ____ Yrs. ____ Mo.		EMPLOYER'S ADDRESS		
NEAREST RELATIVE NOT LIVING WITH YOU (NAME)			RELATIONSHIP				
ADDRESS			TELEPHONE		OCCUPATION		SELF-EMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER NET MONTHLY INCOME: You do not have to reveal alimony, child support or separate maintenance income unless you wish to have them considered for approving your application. Source _____ \$ _____		Have you ever had any property repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any lawsuits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No		BUSINESS TELEPHONE	
		Have you ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		HOW LONG EMPLOYED		GROSS MONTHLY INCOME	

Notice for New York Residents - A consumer credit report may be requested in connection with this application or in connection with updates: renewals or extensions of any credit granted as a result of this application. If you subsequently ask for this information, you will be informed whether or not such a report was requested and, if so, the name and address of the agency that furnished the report.

Notice for Ohio Residents - The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Notice to Married Wisconsin Residents - Wisconsin Law provides that no agreement, unilateral statement or court decree relating to marital property shall adversely affect a creditor's interest, unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision. You must indicate the name of your spouse on the Installment contract, and the address if different from yours.

Notice to California and Utah Residents - As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Notice for Maine Residents - If this application is approved by the creditor, you will be required to obtain and maintain physical damage insurance on the collateral securing the debt. You have a right of free choice in the selection of the agent and insurer through or by which the insurance is placed.

Kansas and Indiana residents are not eligible for this program at this time.

I hereby affirm that the foregoing information is true and correct and made for the purpose of obtaining credit. I authorize you to obtain additional information from any source(s) and each such source is hereby authorized to provide you with such information. I also grant you permission to obtain a credit report on me for all legitimate purposes in connection with this transaction. Such purposes include assisting in making a credit decision, reviewing my account, and assisting in taking collection activity. I also authorize you to share all the foregoing information with Bank of the West and its subsidiaries. This application, in any event, shall be and remains the property of the Lender, and is subject to the completion and acceptance of additional credit application documents prior to any approved extension of credit.

Applicant _____ Date _____ Co-Applicant _____ Date _____

Applicant acknowledges receipt of completed copy of application.