										Closed	i End, Secured/Unsecured Cre
				CRI	EDIT APPL	ICATION					
If you are appl complete only	IMPORTANT: Plea lying for individual credit in y Sections A and D. If the re	our own name.	, and are rely	ing on your owr	n income or assets	s and not the inco	ome or asse	theck ( ) the a	appropria as the basis	ate box below. s for repayment of t	he credit requested,
WE INTEND TO	lying for joint credit with ano O APPLY FOR JOINT CREDIT:						, ,	,			
credit request relying. If the To help the go	lying for individual credit, be ted, complete all Sections ex- requested credit is to be se- overnment fight the funding pens an account. What this us to identify you. We may	cept E to the excured, then cor IMPO of terrorism an	n income fro xtent possibl nplete Sectio RTANT IN d money lau	le, providing inf on E. FORMATION A ndering activitie	ormation in B abo ABOUT PROCE s. the USA Patrio	out the person of DURES FOR O t Act requires all	n whose ali <b>PENING <i>A</i> I</b> financial i	mony, support, or m  NEW ACCOUNT  nstitutions to obtain.	verify, and	payments or incom	that identifies each
INT REQUESTED		DATE DESIRED			OF CREDIT TO BE USI	D FOR					
NAME (Last, First M	INFORMATION REC	ARIBINE :	PPEICAI	V I		BIRTH DATE	HON	E PHONE		BUSINESS PHONE	Ext.
IF . PERSON:	DRIVERS LICENSE NO.	RIVERS LICENSE NO. STATE DATE OF ISSUA		DATE OF ISSUANCE			SOCIAL S	ECURITY NO. or TAX I.D	RITY NO. or TAX I.D NO.		
omplete all nat apply)	STATE ID CARD NO.		STATE DAT	E OF ISSUANCE	DAT	E OF EXPIRATION	¥ 12 4 1	OTHER (MILITARY ID	, TRIBAL ID, ET	[C.)	
IF NON . PERSON:		TATE DATE OF I	:	DATE OF EXPIRAT		SECURITY NO. or TAX				DATE OF ISSUANCE	DATE OF EXPIRATION
omplete all at apply)	PASSPORTNO. & COUNTRY OF ISSI	INDIVIDUAL TAXPAYER ID NO. NO TAXPAYER ID APPLICATION FO			)., BUT HAVE FILED NE. WHEN FILED:		VERNMENT ISSUED DOCUMENT NO. D COUNTRY OF ISSUANCE:		OTHER		
ICAL RESIDENTIAL	OR BUSINESS STREET ADDRESS	IND MAILING ADD	RESS (Street, P	O Box, City, State, &	Zip) or; IF MILITARY,	APO OR FPO ADDRES	S or; IF N/A, N	EXT OF KIN OR FRIEND		HOWL	ONG AT PRESENT

credit request relying. If the	lying for individual credi ed, complete all Section requested credit is to be	s except E e secured,	to the e	extent poss mplete Sec	sible, providing ction E. INFORMATIO	informati N AROLL	on in Bab TPROCE	out the pe	rson on	whose alim Fning A 1	ony, supp Jew Aci	oort, or mai	intenance p	payments or inco	me or assets you are	
person who of that will allow AMOUNT REQUESTED	overnment fight the fundi bens an account. What us to identify you. We PAYM	ing of terro this means mav also a ENT DATE DI	orism ar for you isk to se	id money i u: When y ee vour dri	laundering activ ou open an acc iver's license or PROCEE	vities, the count, we other ide	USA Patri will ask fon ntifving do out to be us	ot Act requor your named or your name occurrents.	uires all t me, phys We will	inancial ins ical address let vou kno	titutions t , date of w if additi	o obtain, v birth, taxp onal inform	erify, and r ayer identification is re	ecord information fication number a quired.	n that identifies each and other information	
				g nga sa S												
SECTION A -	INFORMATION F	EGARE	ING /	APPLIC	ANT											
FULL NAME (Last, First N								BIRTH D	ATE	HOME	PHONE			BUSINESS PHO	NE Ext.	
IF U.S. PERSON: (Complete all that apply)	DRIVERS LICENSE NO.			STATE	STATE DATE OF ISSUANCE			DATE OF EX			XPIRATION			SOCIAL SECURITY NO. or TAX I.D NO.		
	STATE ID CARD NO.			STATE D	DATE OF ISSUANCE		DA	TE OF EXPIR	ATION		OTHER (M	ILITARY ID, T	RIBAL ID, ETC	D.)		
IF NON U.S. PERSON:	DRIVERS LICENSE NO.  PASSPORT NO. & COUNTRY OF		DATE OF	ISSUANCE	DATE OF EXPI					.D NO. STATE			STATE D	ATE OF ISSUANCE	DATE OF EXPIRATION	
(Complete all that apply)	OR BUSINESS STREET ADDRI		I INC ADD			APPLIC	CATION FOR	ONE. WHEN F	ILED:	AND COUNTRY	/OF ISSUAN	ICE:		OTHER	LONG AT DEFCENT	
TOOME TEODEWINE	ON DOGINESS STREET ADDRE	LOO AND MA	LING ADL	vicos (olicei	it, FU DOX, Olly, Stati	s, or zip) oi, i	IF WILLIAM I	, APU UN PPU	ADDRESS	OF, IF IN/A, INC.	OF KIN UI	RENU		ADDI	LONG AT PRESENT RESS?	
PREVIOUS ADDRESS (S									1	HOW LONG AT PREVIOUS ADD	RESS?	EMAIL ADDR	ESS			
	ompany Name & Address)								V	POSITION O		HOW LONG WITH PRESENT EMPLOYER?		NAME OF SUPERVISOR		
	Company Name & Address)  SALARY OR COMMISSION	**************************************	(OLID BOD	CENT MET C	ALARY OR COMMI	CCION		NO. DEPENDE	NTO	Lagge	OF DEDENI	CHTO.		HOW LONG WITH	PREVIOUS EMPLOYER?	
TOUN FREDERI UNUSS			OUR PRE	SENI NEI S		SSION		NU. DEPENDE	NIS	AGES	OF DEPEND	ENIS				
	upport, or separate upport, or separate n	naintenar	ice rec		der: 🗆 (	<b>vealed i</b> Court Or		not wisl			□ Or	al Unders	standing		ation.	
\$	PER											credit from		ed □ No □ Yes - Wi	nen?	
educed before the NAME & ADDRESS OF N	in this Section likely to credit requested is paid of EAREST RELATIVE NOT LIVIN NFORMATION RE	off?   G WITH YOU	Yes (E)		PEICANT O	)::::0TE	s	hecking Acct	. No.		RELATIO		e?	TELEPHONE NO. (Inc	clude Area Code)	
ULL NAME (Last, First, I	Aiddle)				RELATIONSH	IP TO APPLI	ICANT (If Any	/) BIRTH DA	TE	HOME		000000000000000000000000000000000000000	,	BUSINESS PHONE	Ext.	
IF U.S. PERSON: (Complete all					DATE OF ISSUANCE			DATE OF EXPI		PIRATION  OTHER (MILITARY ID. TRIE			SOCIAL SECURITY NO. or TAX I.D NO.			
that apply)	STATE ID CARD NO.  DRIVERS LICENSE NO.			DATE OF EXPLI	DATE OF EXPIRATION		DATE OF EXPIRATION  SOCIAL SECURITY NO. or TAX									
IF NON U.S. PERSON: (Complete all	PASSPORTNO. & COUNTRY OF		DATEOF		L TAXPAYER ID NO.				,				STATE   DA	TE OF ISSUANCE	DATE OF EXPIRATION	
that apply)	OR BUSINESS STREET ADDRE	STREET ADDRESS AND MAILING ADDRESS (Street, PO					(PAYER ID NO., BUT HAVE FILED PATION FOR ONE. WHEN FILED: IF MILITARY, APO OR FPO ADDRESS			GOVERNMENT ISSUED DO AND COUNTRY OF ISSUAN Or; IF N/A, NEXT OF KIN OF				HOW LONG AT PRESENT ADDRESS?		
PRESENT EMPLOYER (Company Name & Address)						-	OCCUPATION POSITION			ON OR TITLE	N OR TITLE HOW LONG WITH PRESENT EMPLOYER?			NAME OF SUPERVISOR		
PREVIOUS EMPLOYER (	Company Name & Address)						1 1 1 1 1 1 1							HOW LONG WITH	PREVIOUS EMPLOYER?	
OUR PRESENT GROSS	SALARY OR COMMISSION	Y	OUR PRE	SENT NET SA	ALARY OR COMMIS	SION	. N	IO. DEPENDE	NTS	AGES	OF DEPEND	ENTS		Ali salahi		
\$ Alimony childs	PER upport, or separate	\$		eome no	PER	vesied:	facudo	not wiel	ı to ha	o it core	dorod c	o a hasi-	for vene	uina thin ab!!-	otion	
Alimony, child su OTHER INCOME	ipport, or separate n	naintenar sources	ice rec	eived und	der: 🗆 (	Court Or		□ Writt	en Agre	ement	□ 0r	s a basis al Unders ant or Othe	standing	ying this oblig ] No	auvii.	
	PER in this Section likely to						Cher	cking Accou	nt No.			edit from u Where	s?	Yes - When?		
educed before the	credit requested is paid (	off? 🗆		plain)			- 1	ngs Accoun		• • • •	RELATIO	Where	?	FELEPHONE NO. (Inc	Juda Araz Codo\	
												INOTIF		ICCCTHUNE NU. (INC	nuce Area Code)	
	MARITAL STATUS						n for in	dividual	unseci	ured crec	lit.)					

OTHER PARTY Married Separated Munmarried (Including single, divorced, or widowed)

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SECTION D - ASSET & DE If Section B has been complete			d, giving information	Applicant-related	information with an	"A" If Section B w	vas not complete	d only give							
about both the Applicant ar	nd Joint Appl	icant or Other Pe	rson. Please mark		t the Applicant in th	is Section.		on only give							
ASSETS OWNED (Use se	if necessary.)		SUBJECT TO DEBT?	1											
DESCRIPTI		VALUE	Yes / No	NAMES OF OWNERS											
UASII		\$				an to the second									
AUTOMOBILES (Make, Model, Year)						21									
					t taring the second										
<b>4</b>															
3. CASH VALUE OF LIFE INSURANCE (Issuer, Fa	ice Value)														
REAL ESTATE (Location, Date Acquired)  MARKETABLE SECURITIES (Issuer, Type, No. of Shares)															
	. Vi Gilates)														
OTHER (List)															
TOTAL ASSETS			\$												
OUTSTANDING DEBTS (In	iclude charge	accounts, installn	nent contracts, cred	dit cards, rent, mortg	ages, etc. Use sep	parate sheet if nee	cessary)								
CREDITOR		TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH	ACCOUNT IS CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? Yes / No							
LANDLORD OR MORTGAGE HOLDER		Rent Payment Mortgage			(Omit Rent)	(Omit Rent)		1637160							
					\$	\$	\$								
					보 10 10 12 12 12 20 12 12 12 12 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1										
TOTAL DEBTS					\$	\$	\$								
CREDIT REFERENCES (Paid off Accou	nts)						DATE PA	ID OFF							
					5 <b>\$</b> - 10 1 2 - 10 1 2 4 5	_									
MY AUTO INSURANCE AGENT IS: (Name & /	Address)														
Are you the co-maker, endorser, or guarantor on any loan or contract?	☐ No ☐ Yes - For Who	ım?			To Whom?										
Are there any unsatisfied judgments against you?	□ No														
Have you been declared bankrupt in the	Yes - Amount			if "Yes", To W	If "Yes", To Whom Owed?										
last 10 years?  OTHER OBLIGATIONS (For example, liability	Yes - Where? Year?														
S-crions-s-S-Gilb-by	DEDIT (C			D 4											
SECTION E - SEGURED G PROPERTY DESCRIPTION	KEDII (COI	приете отну изелеон	NS to be secured.)	PATEUR SESCHOR WEST	aroperty to se give	n as security:									
NAMES & ADDRESSES OF ALL CO-OWNERS	OF THE PROPERTY														
IF THE SECURITY IS REAL ESTATE, GIVE TH	FULL NAME OF YOU	JR SPOUSE (if any):													
CREDIT DISCLOSURES: An insi	rance product	or annuity may be	offered to you. If you	purchase an insurance	e product or an anni	ity: (1) The insura	nce product or an	nuity is no							
a deposit or other obligation of product or annuity is not insur	of, or guarante ed by the Fede	<u>ed by,</u> this institution	on or our affiliate(s); ce Corporation or any	(2) With exception of other agency of the U	Federal Flood Insur nited States, this in	rance or Federal Cr stitution, or our aff	op Insurance, thi	e insurance							
of an insurance product or ann insurance product or annuity i	uity that invol s offered we c	ves an <u>investment r</u> annot condition an (	<u>isk,</u> there is <u>investm</u> extension of credit o	<u>ent risk</u> associated wit n either of the followin	th the insurance pro io: (1) Your purchas	duct, including the e of an insurance o	possible loss of roduct or annuity	<u>value</u> . If an v from us o							
any of our affiliates; or, (2) SIGNATURES	Your agreem	ent not to obtain,	or a prohibition o	n you from obtaining	, an insurance pro	oduct or annuity f	rom an unaffilia	ited entity							
Everything that I have stated in this A you will retain this Application wheth				l electronically, by sign	sed the insurance prod ling below, I acknowled	loe that I have receive	d the Credit Disclos	ures orally a							
employment history and answ				<ul> <li>the time I have applie provided with a co</li> </ul>	d for credit and fully ur py of these disclosu	derstand the disclosu	res noted above. I a dge receipt by m	am also being							
APPLICANT'S SIGNATURE		DATE	OTHER SIGNATURE (Who	ere Applicable)		DATE									
X				<u>X</u>											