

# BANKWEST CREDIT APPLICATION

I/We are applying for credit with BankWest, Inc.    Loan Amount: \$ \_\_\_\_\_    Date of Application \_\_\_\_\_

**Check One:**

- I am applying for individual credit in my own name and I am relying on my own income and assets and not the income or assets of another person as the basis of repayment of the credit requested.
- We are applying for joint credit.

Applicant's Name Printed: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Co-applicant's Name Printed: \_\_\_\_\_ Co-applicant's Signature \_\_\_\_\_

- I am applying for individual credit and I am relying on my own income or assets, as well as income from alimony, child support, or separate maintenance, or on the income or assets of another person as the basis of repayment of the credit requested.

First Payment Due: \_\_\_\_\_ Number of Payments: \_\_\_\_\_ Automatic Payment from Account # \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Agent Address: \_\_\_\_\_

**INFORMATION REGARDING APPLICANT**

FULL NAME (first, middle, last)		DATE OF BIRTH (mo, day, yr)	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (if different than street address)				
HOME PHONE <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	WORK PHONE	CELL PHONE	EMAIL ADDRESS	
(      )	(      )	(      )		
DRIVER'S LICENSE STATE:	DRIVER'S LICENSE #:	# OF DEPENDENTS (not listed by co-applicant):	AGES:	
HOME (check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain)				
PREVIOUS STREET ADDRESS		CITY	STATE	ZIP
				TIME AT ADDRESS (yrs/mo)
CURRENT EMPLOYER		POSITION		MONTHLY GROSS INCOME
CITY	STATE	ZIP	HOW LONG WITH EMPLOYER (yrs/mo)	
PREVIOUS EMPLOYER (within last 5 years)		POSITION		MONTHLY GROSS INCOME
CITY	STATE	ZIP	HOW LONG WITH EMPLOYER (yrs/mo)	

**INFORMATION REGARDING CO-APPLICANT OR OTHER PARTY**

FULL NAME (first, middle, last)		DATE OF BIRTH (mo, day, yr)	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (if different than street address)				
HOME PHONE <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	WORK PHONE	CELL PHONE	EMAIL ADDRESS	
(      )	(      )	(      )		
DRIVER'S LICENSE STATE:	DRIVER'S LICENSE #:	# OF DEPENDENTS (not listed by applicant):	AGES:	
HOME (check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain)				
PREVIOUS STREET ADDRESS		CITY	STATE	ZIP
				TIME AT ADDRESS (yrs/mo)
CURRENT EMPLOYER		POSITION		MONTHLY GROSS INCOME
CITY	STATE	ZIP	HOW LONG WITH EMPLOYER (yrs/mo)	
PREVIOUS EMPLOYER (within last 5 years)		POSITION		MONTHLY GROSS INCOME
CITY	STATE	ZIP	HOW LONG WITH EMPLOYER (yrs/mo)	

**ADDITIONAL INCOME** Do not reveal alimony, child support or separate maintenance income unless you wish it to be considered as a basis for repayment.

NATURE OF ADDITIONAL INCOME

MONTHLY AMOUNT

HOW LONG WILL INCOME CONTINUE?

APPLICANT:

\$

CO-APPLICANT:

\$

**REFERENCES (APPLICANT OR CO-APPLICANT)**

BANK REFERENCE (Name &amp; City)

 Checking  Savings  Credit Line  Loan

FIRST PERSONAL REFERENCE/RELATIVE (Name &amp; Address)

SECOND PERSONAL REFERENCE/RELATIVE (Name &amp; Address)

**MARITAL STATUS**

Complete only if for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

Applicant:  Married  Separated  Unmarried (including single, divorced and widowed)Co-applicant:  Married  Separated  Unmarried (including single, divorced and widowed)**OTHER INFORMATION**Have you ever filed bankruptcy?  Yes  No If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_Are there any claims suits or judgements against you?  Yes  No If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_Are you a co-signer or guarantor for anyone?  Yes  No If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_**ASSET INFORMATION (APPLICANT AND CO-APPLICANT)**

DESCRIPTION OF ASSETS	NAME IN WHICH ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			\$
CERTIFICATE(S) OF DEPOSIT (where)			\$
MARKETABLE SECURITIES (issuer, type, no. of shares)			\$
REAL ESTATE (location, date acquired)			\$
AUTOMOBILES (make, model, year)			\$
OTHER (list)			\$
<b>TOTAL ASSETS</b>			\$

**CREDIT OBLIGATIONS** Charge accounts, installment contracts, credit cards, rent, mortgage and other obligations. Use separate sheet if necessary.

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH ACCOUNT CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PYMT
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE		(OMIT RENT) \$	(OMIT RENT) \$	\$
OTHER CREDIT OBLIGATIONS (list)			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
<b>TOTAL CREDIT OBLIGATIONS</b>				\$	\$

Are you obligated to make alimony, support or maintenance payments?  Yes  No

If yes, to (Name &amp; Address: ) \_\_\_\_\_ Amt. per month: \$ \_\_\_\_\_

**SECURED CREDIT** Complete only if credit is to be secured. Briefly describe the property to be given as security.

PROPERTY DESCRIPTION

NAMES AND ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (IF ANY).

**SIGNATURES**

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

X

APPLICANT SIGNATURE

DATE

X

CO-APPLICANT SIGNATURE

DATE

**INSURANCE DISCLOSURE NOTICE**

**In connection with your credit application, BankWest advises you of the following:**

- BankWest may not condition the extension of credit you are applying for on whether you purchase an insurance product or annuity from the bank or bank's affiliate.
- BankWest may not condition the extension of credit you are applying for on your agreement not to obtain, or a prohibition on your obtaining, an insurance product or annuity from an entity not affiliated with the bank.

**Insurance products and annuities:**

- Are not deposits or other obligations of, or guaranteed by, the bank or any affiliate of the bank;
- Are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any affiliate of the bank;
- May involve investment risk, including the possible loss of value.

**By signing below, I acknowledge that I have read and understand this Insurance Disclosure Notice.**

X

APPLICANT SIGNATURE

DATE

X

CO-APPLICANT SIGNATURE

DATE