

# BANKWEST CHECKLINE APPLICATION

**IMPORTANT NOTICE:** Checkline applications are subject to approval by a BankWest Personal Banker or Loan Officer. You will be notified of approval of your application.

<p><b>Credit Limit Requested:</b> \$ _____</p> <p><b>Checking Account #</b> _____</p>	FOR CREDITOR USE
	DATE _____ CREDIT LIMIT _____ ACCOUNT NO. _____ <input type="checkbox"/> APPROVED BY _____ <input type="checkbox"/> DECLINED BY _____ CALL CODE: 02 6A COLL CODE: UN07 PORTFOLIO: 13 APP1 MLA STATUS AS OF _____ YES NO APP2 MLA STATUS AS OF _____ YES NO

## STATEMENT OF INDIVIDUAL OR JOINT CREDIT APPLICATION

**I/We are applying for credit with BankWest, Inc. 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.

## INFORMATION REGARDING APPLICANT

FULL NAME (first, middle, last)	DATE OF BIRTH (mo, day, yr)	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE ZIP TIME AT ADDRESS (yrs/mo)
MAILING ADDRESS (if different than street address)	HOME PHONE <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	BUSINESS PHONE
EMAIL ADDRESS		
HOME (check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain)	# OF DEPENDENTS (not listed by co-applicant)	AGES
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	
STREET ADDRESS		CITY	STATE	ZIP	TIME AT ADDRESS (yrs/mo)
MAILING ADDRESS (if different than street address)		HOME PHONE <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	BUSINESS PHONE		
		( )	( )		
EMAIL ADDRESS					
HOME (check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain)		# OF DEPENDENTS (not listed by applicant)		AGES	
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:	\$	

**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 & Address): \_\_\_\_\_ Amt. per month: \$ \_\_\_\_\_

Are you a co-signer or guarantor for anyone?  Yes  No If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_

Are there any claims, suits or judgements against you?  Yes  No If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you been declared bankrupt in the last 10 years?  Yes  No If yes, where? \_\_\_\_\_ Year \_\_\_\_\_

Have you had a checking account previously?  Yes  No If yes, name & address of bank: \_\_\_\_\_

**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

**CREDIT INSURANCE NOTICE**

By signing below, I acknowledge that I am not obtaining credit insurance for this loan for one of the following reasons: (a) I am not eligible for credit insurance; (b) Credit Insurance is not available from Lender; or (c) If I am eligible and credit insurance is available from Lender, I do not want it.

Prior to signing this Credit Insurance Notice, I read and understood all of the provisions of this Disclosure.

X

APPLICANT SIGNATURE

DATE

X

CO-APPLICANT SIGNATURE

DATE