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Print Form

Closed End, Secured/Unsecured Credit

CREDIT APPLICATION											
IMPORTANT: Please read these directions before completing this Application, and check (>) the appropriate box below. If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E. If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E. WE INTEND TO APPLY FOR JOINT CREDIT: APPLICANT CO-APPLICANT C											
relying. If the To help the go person who o	requested credit is to be secured, then	complete PORTANT and mon- you: When see your o	Section E. T INFORMATION A ey laundering activitie n you open an accoun driver's license or oth	BOUT PF es, the US nt, we will er identify	ROCEDURES FOR OF A Patriot Act requires a ask for your name, ph	PENING A Ill financial ysical addre	NEW ACCO institutions t ess, date of	UNT o obtain, verify, and re birth, taxpayer identific	ecord information the	at identifies each	
*	INFORMATION REGARDING	APPLI	ICANT								
FULL NAME (Last, First N	Aiddle)		BIRTH DA	ίΤΕ	HOME PHONE		CELL PHON	IE	BUSINESS PHONE	Ext.	
	of the armed forces who is serving on a lard or Reserve duty?	active	□ No □ Yes		Are you a dependent of a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?						
ARE YOU A	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE		DATE OF EXPIRATION			CURITY NO. or TAX I.D NO.			
□YES □NO	STATE ID CARD NO.	STATE	DATE OF ISSUANCE		DATE OF EXPIRATION	DATE OF EXPIRATION		D			
(Complete all that apply)	PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIE	DUAL TAXPAYER ID NO.		XPAYER ID NO., BUT HAVE FILED GOVERNMENT ISSUED DOCUMENT NO. CATION FOR ONE. WHEN FILED: AND COUNTRY OF ISSUANCE:				OTHER (TRIBAL ID, ETC.)		
PHYSICAL RESIDENTIAL	OR BUSINESS STREET ADDRESS AND MAILING	ADDRESS (Street, PO Box, City, State,	& Zip) or; If	F MILITARY, APO OR FPO AC	DRESS or; IF	N/A, NEXT OF K	IN OR FRIEND	HOW LONG ADDRESS?	G AT PRESENT ?	
PREVIOUS ADDRESS (St	reet, City, State, & Zip)					HOW LONG PREVIOUS	AT ADDRESS?	EMAIL ADDRESS			
PRESENT EMPLOYER (C	ompany Name & Address)				OCCUPATION	POSITI	ION OR TITLE	HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR	}	
PREVIOUS EMPLOYER (Company Name & Address)								HOW LONG WITH PREV	VIOUS EMPLOYER?	
YOUR PRESENT GROSS		PRESENT NE	T SALARY OR COMMISSIO	ON	NO. DEPENDENTS	AG	GES OF DEPEND	ENTS			
\$ Alimonv. child s	PER Week \$\ \\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	income	need not be revea		ou do not wish to h	ave it co	nsidered a	s a basis for repavi	ing this obligatio	ın.	
	pport, or separate maintenance re-		nder: 🔲 Court C		Written Agreeme	ent 🔲	Oral Unders	standing			
\$	PER Week	o or orner	THOOME					Have you ever received credit from us?	d No Yes - When?		
	in this Section likely to be No redit requested is paid off?	Evolain)				Checking Acct. No					
reduced before the credit requested is paid off? Yes (Explain) Savings A NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					Savings Acct. No.		RELATIO	Where? NSHIP TE	ELEPHONE NO. (Include a	Area Code)	
SECTION B - I	NFORMATION REGARDING	JOINT /	APPLICANT OR	OTHER	R PARTY (Use se	parate sh	heets if ne	cessary.)			
FULL NAME (Last, First,	Middle)		RELATIONSHIP TO APP (If Any)	PLICANT BI	RTH DATE HOME PHON	Ē	CELL	PHONE	BUSINESS PHONE	Ext.	
	of the armed forces who is serving on	active	No			Are you a dependent of a member of the armed forces who is serving No					
ARE YOU A	uard or Reserve duty? DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	$-\Lambda$	on active duty of DATE OF EXPIRATION	on active (CURITY NO. or TAX I.D NO.	☐ Ye)S	
U.S. PERSON?						1 (B				
☐YES ☐NO	STATE ID CARD NO.	STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		MILITARY	D			
(Complete all that apply)	PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIE	DUAL TAXPAYER ID NO.		YER ID NO., BUT HAVE FILED ON FOR ONE. WHEN FILED:		MENT ISSUED DO NTRY OF ISSUAN		OTHER (TRIBAL ID, E	:TC.)	
PHYSICAL RESIDENTIAL	OR BUSINESS STREET ADDRESS AND MAILING	ADDRESS (Street, PO Box, City, State,	& Zip) or; IF	MILITARY, APO OR FPO AD	DRESS or; IF	N/A, NEXT OF K	IN OR FRIEND	HOW LONG AT PRESEN	NT ADDRESS?	
PRESENT EMPLOYER (Co	ompany Name & Address)			00	CCUPATION POS	SITION OR TIT	TLE HOW L	ONG WITH NT EMPLOYER?	NAME OF SUPERVISOR	}	
PREVIOUS EMPLOYER (Company Name & Address)				но	W LONG WITH	H PREVIOUS EN	IPLOYER? EMAIL ADDRE	:SS		
74	[]	RESENT NET	SALARY OR COMMISSION	0.09	NO. DEPENDENTS	AG	GES OF DEPEND	ENTS			
\$ PER Week SPER WE											
Alimony, child support, or separate maintenance received under: Court Order Written Agreement Oral Understanding											
SOURCES OF OTHER INCOME SOURCES OF OTHER INCOME Has Joint Applicant or Other Party ever received credit from us? Yes - When?											
Is any income listed in this Section likely to be No					Checking Account No. Savings Account No.						
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					oavings account NO.		RELATIO	Where? NSHIP TE	ELEPHONE NO. (Include A	Area Code)	
SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)											
APPLICANT Married Separated Unmarried (Including single, divorced, or widowed)											
OTHER PARTY	Married 🔲 Separated 🔲	Unmarrie	d (Including single, div	orced, or	widowed)						

SECTION D - ASSET & DEBT INFORMA	ATION						
If Section B has been completed, this Section about both the Applicant and Joint Appli	should be complete cant or Other Per	ed, giving information rson. Please mark	Applicant-related information about	information with an t the Applicant in thi	"A". If Section B w s Section.	as not completed	d, only give
ASSETS OWNED (Use separate sheet i	f necessary.)	1					
DESCRIPTION OF ASSETS		VALUE	SUBJECT TO DEBT? Yes / No		NAMES OF OWN	IERS	
CASH		\$					
AUTOMOBILES (Make, Model, Year)							
*							* * * * *
2							
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)							
REAL ESTATE (Location, Date Acquired)							
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)							
OTHER (List)							
TOTAL ASSETS		\$ 0.00					
OUTSTANDING DEBTS (Include charge		nent contracts, credit	cards, rent, mortga				PAST DUE?
CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED		ORIGINAL DEBT	ORIGINAL PRESENT MONTHLY DEBT BALANCE PAYMENTS		
LANDLORD OR MORTGAGE HOLDER	Rent Payment Mortgage			(Omit Rent)	(Omit Rent)	\$	
					·		
TOTAL DEBTS				\$ 0.00	\$ 0.00	\$ 0.00	
CREDIT REFERENCES (Paid off Accounts)						DATE PA	ID OFF
				\$			
MY AUTO INSURANCE AGENT IS: (Name & Address)						#	
		D - A					
Are you the co-maker, endorser, or guarantor on any loan or contract? No Yes - For Whol	m?	DA	N	To Whom?			
Are there any unsatisfied judgments against you? No	3		If "Yes", To Wi	nom Owed?			
Have you been declared bankrupt in the No							
OTHER OBLIGATIONS (For example, liability to pay alimony, child s	upport, separate maintenance	. Use separate sheet if necessary.)		Year?			
SECTION E - SECURED CREDIT (Com	unlete only if credit	t is to be secured \ Br	iefly describe the r	property to be given	as security:		
PROPERTY DESCRIPTION	ipiete offiy if credit	is to be secured.) bi	leny describe the p	oroperty to be given	r as security.		
NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY							
IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOU	R SPOUSE (if any):						
CREDIT DISCLOSURES: An insurance product a deposit or other obligation of, or guarantee product or annuity is not insured by the Feder of an insurance product or annuity that involvinsurance product or annuity is offered we canny of our affiliates; or, (2) Your agreem SIGNATURES	ed by, this institution al Deposit Insurance les an <u>investment ri</u> annot condition an e	on or our affiliate(s); (2 se Corporation or any of isk, there is investment extension of credit on e	e) With exception of ther agency of the Un trisk associated with ither of the following	Federal Flood Insura nited States, this ins h the insurance prod g: (1) Your purchase	ance or Federal Cro titution, or our affil uct, including the p of an insurance pr	op Insurance, the liate(s); and (3) possible loss of v oduct or annuity	e insurance In the case value. If an from us or
Everything that I have stated in this Application is correyou will retain this Application whether or not it is apple employment history and answer questions	roved. You are authorize	ed to check my credit and	electronically, by signithe time I have applied	ed the insurance produ ing below, I acknowledo d for credit and fully un	e that I have received derstand the disclosure	the Credit Discloses noted above. I a	ures orally at m also being
APPLICANT'S SIGNATURE	<i>y</i>	DATE	provided with a cop OTHER SIGNATURE (Whe	by of these disclosur	es and I acknowled	ge receipt by my DATE	/ signature.



LEAWOOD • 4707 W. 135th Street • Leawood, KS 66224 • Main: 913-327-1212

KANSAS CITY/PLAZA • 4622 Pennsylvania Avenue, Suite 1500 • Kansas City, MO 64112 • Main: 816-895-4600 WICHITA

9451 E. 13th Street N. • Wichita, KS 67206 • Main: 316-925-4800

CORPORATE HEADQUARTERS • 11440 Tomahawk Creek Pkwy • Leawood, KS 66211 • Main: 913-312-6800

OKLAHOMA CITY • 5001 Gaillardia Corporate Place • Oklahoma City, OK 73142 • Main: 405-418-3750 TULSA • 7120

South Lewis Ave • Tulsa, OK 74136 • Main: 918-494-4884

DALLAS • 2021 McKinney Ave, Suite 800 • Dallas, TX 75201 • Main: 214-545-6050

FRISCO • 3000 Internet Blvd., Suite 150 • Frisco, TX 75034 • Main: 469-365-2130

COLORADO SPRINGS • 1 South Nevada Avenue, Suite 100 • Colorado Springs, CO 80903 • Main: 719-228-1100

DENVER • 4582 S. Ulster Street, Suite 150 • Denver, CO 80237 • Main: 720-647-5180 **DES MOINES**• 680 Broadway Avenue • Des Moines, NM 88418 • Main: 575-278-2861 **CLAYTON** • 22 Maple Street • PO Box 488 • Clayton, NM 88415 • Main: 575-374-8301

ROY • 405 Chicosa Street • Roy, NM 87743 • Main: 575-485-2263

FEDERAL CONSUMER CREDIT DISCLOSURES

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

INSTRUCTIONS

After completing and signing this application please mail or deliver to one of our locations listed above.

If you need assistance in completing this application

please feel free to call us at one of the phone numbers listed above.

We sincerely appreciate the opportunity to serve you.

CUSTOMER COPY - PLEASE RETAIN THIS PORTION FOR YOUR RECORDS