

**SHORT FORM CREDIT APPLICATION**

(For Wisconsin residents only)

Date of Application \_\_\_\_\_

To Creditor: \_\_\_\_\_

**1. APPLICANT(S).** Check one of the following boxes. You may apply for individual credit in your name only, joint credit in your name and the name of your spouse or joint credit in your name and the name(s) of other joint applicant(s). Note: Individual credit and joint credit may also be marital purpose debt under Wisconsin law.

- Individual Credit. Complete Column I and sign on page 2. Complete Column II with information about your spouse only if you are married **and** a Wisconsin resident. Only the applicant signs on page 2.
- Joint Credit with spouse as joint applicant. Complete Columns I and II. Both joint applicant spouses sign on page 2.
- Joint Credit with \_\_\_\_\_<sup>(NAME)</sup> as joint applicant who **is not** your spouse. Each joint applicant must complete a separate application as if applying for individual credit and submit them together, including completing Column II if the joint applicant is married **and** a Wisconsin resident. Only the applicant signs on page 2.

**2. LOAN**  Amount requested \$ \_\_\_\_\_ Purpose \_\_\_\_\_

To be secured by collateral  Yes  No. If yes, describe collateral \_\_\_\_\_

Owner(s) of collateral \_\_\_\_\_

	COLUMN I – Applicant	COLUMN II – Spouse <input type="checkbox"/> Joint Applicant (Joint Credit) <input type="checkbox"/> Non-Applicant
Name	_____	_____
Marital Status (For Wisconsin resident only)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Legally Separated	(If information is identical to Column I write "same" in Column II)
Social Security No.	_____ Date of Birth _____	_____ Date of Birth _____
Drivers License No. and State	_____ State _____	_____ State _____
No. of Dependents Other Than Self & Spouse	Ages _____ Home Telephone _____	Ages _____ Home Telephone _____
Street Address	_____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	_____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
City & State	_____ Zip _____ How Long _____	_____ Zip _____ How Long _____
Previous Address	_____ How Long _____	_____ How Long _____
Employer Name	_____	_____
Employer Address	_____ Bus. Phone _____	_____ Bus. Phone _____
Position	_____ How Long _____	_____ How Long _____
Previous Employer	Gross Income \$ _____ <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr. How Long _____	Gross Income \$ _____ <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr. How Long _____
Other Income – Except alimony, child support and maintenance	\$ _____ Source _____ <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	\$ _____ Source _____ <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.
Name of nearest relative not living with you	_____	_____
Address	_____ Zip _____	_____ Zip _____

**INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS** — Need not be revealed if applicant(s) does not choose to have it considered as a basis for repaying this obligation.

Kind of Income	_____	_____
Name of Payor	_____	_____
Amount per month	\$ _____ Ends _____ Amt. Past Due \$ _____	\$ _____ Ends _____ Amt. Past Due \$ _____
Is any listed income likely to be reduced before the credit requested is paid off?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail on separate sheet)	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail on separate sheet)

**LIST ALL DEBTS AND OBLIGATIONS OF PERSONS IDENTIFIED IN COLUMNS I AND II.**

MORTGAGE HOLDER OR LANDLORD			PURCHASE PRICE	BALANCE OWED	MONTHLY MORT./RENT	
			\$	\$	\$	
VEHICLE	YEAR	MAKE/MODEL	FINANCED BY/ADDRESS	PURCHASE PRICE	BALANCE OWED	MONTHLY PAYMENT
				\$	\$	\$
				PURCHASE PRICE	BALANCE OWED	MONTHLY PAYMENT
					\$	\$
<input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE PAYMENTS <input type="checkbox"/> OTHER						MONTHLY PAYMENT
						\$
CHARGE CARD	CARD NO.	ISSUER	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
CHARGE CARD	CARD NO.	ISSUER	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
DEPT. STORE	ACCOUNT NO.	ADDRESS	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
DEPT. STORE	ACCOUNT NO.	ADDRESS	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
OTHER CREDITOR	ACCOUNT NO.	BRANCH/LOCATION	<input type="checkbox"/> APPLICANT <input type="checkbox"/> SPOUSE	CREDIT LIMIT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
					<b>TOTAL MONTHLY PAYMENTS</b>	<b>\$</b>

**NOTICE TO MARRIED APPLICANTS:** No provision of any marital property agreement, unilateral statement under s.766.59, Wis. Stats., or court decree under s.766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

**NOTICE OF RIGHT TO RECEIVE COPY OF APPRAISAL:** Under the Federal Equal Credit Opportunity Act, if the credit being applied for will be secured by a 1-4 family dwelling, you have the right to a copy of the appraisal report used in connection with your application. If a copy was not already provided to you and you wish a copy, please write to the creditor at the address on page 1 of this application. Be sure to include your name and address. The creditor must hear from you no later than ninety (90) days after it notifies you about action taken on your application or you withdraw your application.  In order to receive a copy of the appraisal report, you must also have paid for  the appraisal  the costs of photocopying the report.

**NOTICE:** We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

For the purpose of obtaining the credit described above, and any future credit granted to the undersigned by the creditor named above, the undersigned, jointly and severally, (1) represent that the above statements are true and complete, (2) authorize the creditor named above, or its agents, to verify them and obtain additional information concerning our credit, employment history or any other information, including credit reports, (although the creditor may rely on these statements without any further verification), to furnish, to the extent not prohibited by applicable law, credit experience with me to others, and to answer any questions about our credit experience and other financial relationships with the creditor, and (3) agree to the provisions of any rules, regulations or agreements of the creditor governing such credit. This application is creditor's property. **The creditor may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless (1) I direct the creditor at the address above that such information is unrelated to my transactions or experiences with the creditor and may not be shared by the creditor with its affiliates, (2) the information constitutes "medical information" as defined under applicable federal law, or (3) the information when provided to an affiliate would constitute a "consumer report" under applicable federal law.**

The undersigned understand that it may be a crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OBTAINING CREDIT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who obtains credit.

What this means for you: When you obtain credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Applicant Sign Here \_\_\_\_\_ Date \_\_\_\_\_

Joint Applicant Spouse Sign Here \_\_\_\_\_ Date \_\_\_\_\_  
(Joint Credit Only)

For married Wisconsin resident:

The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the creditor may be required by law to give notice of this credit transaction to my spouse.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Application received for Creditor by \_\_\_\_\_