

## Consumer Installment Loan Application NOT for loans to be secured by real estate or a dwelling

Type of Credit Desir												
Please check box and initial for joint credit. If checked, loan will be based on the credit of both applicants.							FOR BANK USE ONLY					
								Application Method				
We intend to apply for joint credit.								☐ In Person ☐ By Mail ☐ By Phone				
							Date Application	n Received:				
Applicant A		Appl	icant B				Application Nu	mber:				
Notice: Information or				application or	r if Applica	nt A wished to rely on						
Applicant B's income for	or credi	it purposes.					Income from C					
Applicant A							payments need not be revealed if applicant does not					
First		Middle		Last		Date of Birth			income to apply for credit.			
A -1-1			Cit		State	Time at address	Appli Net Monthly		Α	A B		
Addre	55		City	′	State	e Time at address		/ income				
Former Ac	ddress		City		State	Time at address	Other Incom	ne l			$\neg$	
			,	,								
		Employer			Position		Source of O	her				
							Income					
	Addr	ess		Length of	f Time	Gross income						
					·		Child Suppo			_		
Fo	rmer E	mployer		Length of	flime	Gross Income	Total Net M	ontnly				
Primary Phone			Social Se	curity Number	r/Tay ID N	umber	Combined T	otal Net				
rimary riione			Social Se	curity Humber	17 Tax 10 14	umoci	Monthly Inc					
Current Residence			Landlord Na	ime		Address		Τ '	Rent A	mount		
□ Rent □ Own □ Contr	act	If Renting:										
Nearest Relative not li	iving		Name	Address			Phone					
with me												
Applicant B						Te	1					
First		Middle		Last		Date of Birth	Loan Amount Requested					
Addre	ess		City Stat		State	Time at address	\$					
Former Ad	ddress		Cit	Y	State	Time at address	Specific purpose for request:					
		Employer			-	Position	┨					
		ciripioyer					-					
Address				Length of Time Gross Income		1						
Fo	rmer E	mployer		Length o	f Time	Gross Income						
D. C. Die			Canial Ca	accuito e Nicema la m	/T ID &	lumbar.	-					
Primary Phone	:		2001a1 26	curity Numbe	ijiak ID N	umse:	-					
Financial Obligation	ns (Che	ck those t	o be paid fron	this loan)								
	- , 5., (		F=	Creditor				Payme	nt	Balan	ce	

State Central Bank	Bank Informatio	n:				
Other:    Cother:			Bank Name		Savings	Checking
Other:    Cother:	State Centra	l Bank				
Other:    Description of Collateral:   Item Description   Approximate Value	Other:					
Description of Collateral:    Item Description   Approximate Value	Other:					
Year	Other:					
Year Auto Make Body Style VIN  Seller Seller's Phone Miles  Total Collateral:  Insurance Requirement:  I understand that insurance coverage is required in connection with the extending of a loan by State Central Bank. The following minimum insurance coverages must be provided:  Type: Comprehensive and Collision.  Amount: Full insurable value.  Basis: Replacement value.  Indorsements: Lender loss payable clause with stipulation that coverage will not be cancelled or diminished without a minimum of 10 days prior written notice to be Lender.  Deductibles: \$500.00.  Latest Delivery Date: By the loan closing date.  I may obtain insurance from any insurance company I may choose that is reasonably acceptable to Lender. I understand that credit may not be denied solely because insurance was not purchased through Lender.  My insurance agent is:  Name:  Address:  Phone:    Address:   Phone:	Description of C	ollateral:				
Insurance Requirement:  I understand that insurance coverage is required in connection with the extending of a loan by State Central Bank. The following minimum insurance coverages must be provided:  Type: Comprehensive and Collision.  Amount: Full insurable value.  Basis: Replacement value.  Endorsements: Lender loss payable clause with stipulation that coverage will not be cancelled or diminished without a minimum of 10 days prior written notice to Lender.  Deductibles: \$500.00.  Latest Delivery Date: By the loan closing date.  I may obtain insurance from any insurance company I may choose that is reasonably acceptable to Lender. I understand that credit may not be denied solely because insurance was not purchased through Lender.  My insurance agent is:  Name:  Address:  Phone:  I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A)  Signed (B)			tem Description		Approxim	ate Value
Insurance Requirement:  I understand that insurance coverage is required in connection with the extending of a loan by State Central Bank. The following minimum insurance coverages must be provided:  Type: Comprehensive and Collision.  Amount: Full insurable value.  Basis: Replacement value.  Endorsements: Lender loss payable clause with stipulation that coverage will not be cancelled or diminished without a minimum of 10 days prior written notice to Lender.  Deductibles: \$500.00.  Latest Delivery Date: By the loan closing date.  I may obtain insurance from any insurance company I may choose that is reasonably acceptable to Lender. I understand that credit may not be denied solely because insurance was not purchased through Lender.  My insurance agent is:  Name:  Address:  Phone:  I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A)  Signed (B)						
Insurance Requirement:  I understand that insurance coverage is required in connection with the extending of a loan by State Central Bank. The following minimum insurance coverages must be provided:  Type: Comprehensive and Collision.  Amount: Full insurable value.  Basis: Replacement value.  Endorsements: Lender loss payable clause with stipulation that coverage will not be cancelled or diminished without a minimum of 10 days prior written notice to Lender.  Deductibles: \$500.00.  Latest Delivery Date: By the loan closing date.  I may obtain insurance from any insurance company I may choose that is reasonably acceptable to Lender. I understand that credit may not be denied solely because insurance was not purchased through Lender.  My insurance agent is:  Name:  Address:  Phone:  I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A)  Signed (B)						
Insurance Requirement:  I understand that insurance coverage is required in connection with the extending of a loan by State Central Bank. The following minimum insurance coverages must be provided:  Type: Comprehensive and Collision.  Amount: Full insurable value.  Basis: Replacement value.  Endorsements: Lender loss payable clause with stipulation that coverage will not be cancelled or diminished without a minimum of 10 days prior written notice to Lender.  Deductibles: \$500.00.  Latest Delivery Date: By the loan closing date.  I may obtain insurance from any insurance company I may choose that is reasonably acceptable to Lender. I understand that credit may not be denied solely because insurance was not purchased through Lender.  My insurance agent is:  Name:  Address:  Phone:  I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A)  Signed (B)						
Insurance Requirement: I understand that insurance coverage is required in connection with the extending of a loan by State Central Bank. The following minimum insurance coverages must be provided:  Type: Comprehensive and Collision.  Amount: Full insurable value.  Basis: Replacement value.  Indorsements: Lender loss payable clause with stipulation that coverage will not be cancelled or diminished without a minimum of 10 days prior written notice to Lender.  Deductibles: \$500.00.  Latest Delivery Date: By the loan closing date.  I may obtain insurance from any insurance company I may choose that is reasonably acceptable to Lender. I understand that credit may not be denied solely because insurance was not purchased through Lender.  My insurance agent is:  Name:  Address:  Phone:  I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A)	Year	Auto Make	Body Style	VIN		
Insurance Requirement:  I understand that insurance coverage is required in connection with the extending of a loan by State Central Bank. The following minimum insurance coverages must be provided:  Type: Comprehensive and Collision.  Amount: Full insurable value.  Basis: Replacement value.  Indorsements: Lender loss payable clause with stipulation that coverage will not be cancelled or diminished without a minimum of 10 days prior written notice to Lender.  Deductibles: \$500.00.  Latest Delivery Date: By the loan closing date.  I may obtain insurance from any insurance company I may choose that is reasonably acceptable to Lender. I understand that credit may not be denied solely because insurance was not purchased through Lender.  My insurance agent is:  Name:  Address:  Phone:    Address:   Phone:		Seller	Seller's Phone	Miles		
I understand that insurance coverage is required in connection with the extending of a loan by State Central Bank. The following minimum insurance coverages must be provided:  Type: Comprehensive and Collision.  Amount: Full insurable value.  Basis: Replacement value.  Indorsements: Lender loss payable clause with stipulation that coverage will not be cancelled or diminished without a minimum of 10 days prior written notice to Lender.  Deductibles: \$500.00.  Latest Delivery Date: By the loan closing date.  I may obtain insurance from any insurance company I may choose that is reasonably acceptable to Lender. I understand that credit may not be denied solely because insurance was not purchased through Lender.  My insurance agent is:  Name:  Address:  Phone:  I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A)				Total Collateral:		
solely because insurance was not purchased through Lender.  My insurance agent is:  Name:  Address:  Phone:  I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A)	coverages must be Type: C Amount: F Basis: F Endorsements: L Deductibles: \$	e provided: Comprehensive and Collision. Full insurable value. Replacement value. Render loss payable clause with sti Vritten notice to Lender. S500.00.				
Phone:	•			acceptable to Lender. I understand	that credit may not be	denied
I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A) Signed (B)	My insurance age	nt is: Name:				
I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A) Signed (B)		Address:				
will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.  Signed (A) Signed (B)		Phone:				
	will not be used for of my/our credit, of any other interest	or any illegal or restricted purpose. Either directly or through any ager ed parties information as to exper	. I/We hereby authorize State Ce ncy employed by Lender for that iences or transactions with my/c	ntral Bank to verify with other partic purpose. I/We hereby authorize Sta our account. I/We understand that S	es and to make any inv te Central Bank to disc	estigation lose to
	Signed (A)			(B)		