

## 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:

- ☐ If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section E.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

**To be Completed by Loan Originator**

This information was provided:

- ☐ In a face-to-face interview
- ☐ In a telephone interview
- ☐ By the applicant and submitted by fax or mail
- ☐ By the applicant and submitted via e-mail or the Internet

Date

AMOUNT REQUESTED

PAYMENT DATE DESIRED

PROCEEDS OF CREDIT TO BE USED FOR

\$

**SECTION A - INFORMATION REGARDING APPLICANT**

FULL NAME (Last, First, Middle)	BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE	Ext.
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Are you a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?

☐ 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?

☐ No  
☐ Yes

<b>ARE YOU A U.S. PERSON?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D. NO.
	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	MILITARY ID
	PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:	GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:	OTHER (TRIBAL ID, ETC.)

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, &amp; Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND

HOW LONG AT PRESENT ADDRESS?

PREVIOUS ADDRESS (Street, City, State, &amp; Zip)

HOW LONG AT PREVIOUS ADDRESS?

EMAIL ADDRESS

PRESENT EMPLOYER (Company Name &amp; Address)

OCCUPATION

POSITION OR TITLE

HOW LONG WITH PRESENT EMPLOYER?

NAME OF SUPERVISOR

PREVIOUS EMPLOYER (Company Name &amp; Address)

HOW LONG WITH PREVIOUS EMPLOYER?

YOUR PRESENT **GROSS** SALARY OR COMMISSIONYOUR PRESENT **NET** SALARY OR COMMISSION

NO. DEPENDENTS

AGES OF DEPENDENTS

\$ PER

\$ PER

**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**Alimony, child support, or separate maintenance received under: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

OTHER INCOME

SOURCES OF OTHER INCOME

Have you ever received credit from us? ☐ No  
☐ Yes - When?

\$ PER

Is any income listed in this Section likely to be reduced before the credit requested is paid off? ☐ No  
☐ Yes (Explain)

Checking Acct. No. . . . . Where? . . . . .  
Savings Acct. No. . . . . Where? . . . . .

NAME &amp; ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU

RELATIONSHIP

TELEPHONE NO. (Include Area Code)

**SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)**

FULL NAME (Last, First, Middle)	RELATIONSHIP TO APPLICANT (If Any)	BIRTH DATE	HOME PHONE	CELL PHONE	BUSINESS PHONE	Ext.
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Are you a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?

☐ 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?

☐ No  
☐ Yes

<b>ARE YOU A U.S. PERSON?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Complete all that apply)	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	SOCIAL SECURITY NO. or TAX I.D. NO.
	STATE ID CARD NO.	STATE	DATE OF ISSUANCE	DATE OF EXPIRATION	MILITARY ID
	PASSPORT NO. & COUNTRY OF ISSUANCE:	INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE. WHEN FILED:	GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:	OTHER (TRIBAL ID, ETC.)

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, &amp; Zip) or; IF MILITARY, APO OR FPO ADDRESS or; IF N/A, NEXT OF KIN OR FRIEND

HOW LONG AT PRESENT ADDRESS?

PRESENT EMPLOYER (Company Name &amp; Address)

OCCUPATION

POSITION OR TITLE

HOW LONG WITH PRESENT EMPLOYER?

NAME OF SUPERVISOR

PREVIOUS EMPLOYER (Company Name &amp; Address)

HOW LONG WITH PREVIOUS EMPLOYER?

EMAIL ADDRESS

YOUR PRESENT **GROSS** SALARY OR COMMISSIONYOUR PRESENT **NET** SALARY OR COMMISSION

NO. DEPENDENTS

AGES OF DEPENDENTS

\$ PER

\$ PER

**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**Alimony, child support, or separate maintenance received under: ☐ Court Order ☐ Written Agreement ☐ Oral Understanding

OTHER INCOME

SOURCES OF OTHER INCOME

Has Joint Applicant or Other Party ever received credit from us? ☐ No  
☐ Yes - When?

\$ PER

Is any income listed in this Section likely to be reduced before the credit requested is paid off? ☐ No  
☐ Yes (Explain)

Checking Account No. . . . . Where? . . . . .  
Savings Account No. . . . . Where? . . . . .

NAME &amp; ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU

RELATIONSHIP

TELEPHONE NO. (Include Area Code)

**SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)**

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (Including single, divorced, or widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (Including single, divorced, or widowed)

SECTION D - ASSET & DEBT INFORMATION							
If Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark				Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.			
ASSETS OWNED (Use separate sheet if necessary.)							
DESCRIPTION OF ASSETS		VALUE	SUBJECT TO DEBT? Yes / No	NAMES OF OWNERS			
CASH		\$					
AUTOMOBILES (Make, Model, Year)							
1. . . . .							
2. . . . .							
3. . . . .							
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)							
REAL ESTATE (Location, Date Acquired)							
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)							
OTHER (List)							
TOTAL ASSETS		\$					
OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)							
CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED		ORIGINAL DEBT (Omit Rent)	PRESENT BALANCE (Omit Rent)	MONTHLY PAYMENTS	PAST DUE? Yes / No
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage			\$	\$	\$	
TOTAL DEBTS				\$	\$	\$	
CREDIT REFERENCES (Paid off Accounts)				DATE PAID OFF			
				\$			
MY AUTO INSURANCE AGENT IS: (Name & Address)							
Are you the co-maker, endorser, or guarantor on any loan or contract?							
<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom?				To Whom?			
Are there any unsatisfied judgments against you?							
<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$				If "Yes", To Whom Owed?			
Have you been declared bankrupt in the last 10 years?							
<input type="checkbox"/> No <input type="checkbox"/> Yes - Where?				Year?			
OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)							
SECTION E - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security:							
PROPERTY DESCRIPTION							
. . . . .							
NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY							
. . . . .							
IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any):							
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.							
SIGNATURES							
Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me.				Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature.			
APPLICANT'S SIGNATURE		DATE		OTHER SIGNATURE (Where Applicable)		DATE	
X				X			

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719-384-4550 (fax)

Rocky Ford  
301 N Main Street  
Rocky Ford, CO 81067  
719-254-7821  
719-254-7222 (fax)

Falcon  
7495 McLaughlin Rd  
Falcon, CO 80831  
719-494-BANK  
719-494-0347 (fax)

#### 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 this application please print or save a copy. In order to keep your information secure we highly recommend submitting it by mail, drop off in person or send by secure e-mail system.

If you need assistance in completing this application please feel free to visit our web address above to find a number for your location.

*We sincerely appreciate the opportunity to serve you.*

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