## Stock No. 11257 W.B.A. 130S (11/2/10)

## SHORT FORM CREDIT APPLICATION (For Wisconsin residents only)

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Date of Application \_

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To Creditor:													
1. APPLICANT(S).	Check one of	the followin	g boxes	. You may a	pply fo	or individual cre	edit in your	r nam	e only, joint cre	dit in your	name and the	name of	
your spouse or joint of	redit in your na	me and the	a name(	s) of other j	oint ap	pplicant(s). No	te: Individu	ual cre	edit and joint cr	edit may a	also be marital	purpose	
debt under Wisconsin	-			•									
Individual C	redit. Complete	Applicant (	Column	and sign on	the re	everse side. Co	mplete Sp	ouse	Column with in	formation a	about your spor	use only	
	narried <b>and</b> a W			_									
Joint Credit	with spouse as	joint applic	cant. Co	mplete Appl	licant a	and Spouse C	olumns. Bo	oth joi		_			
	with												
	separate applic married and a								including comp	oleting Spo	Juse Column IT	the joint	
· —	unt requested \$			•		Ū							
To be secured by													
•			-		Jiiaiei	aı							
Owner(s) of colla	aterar					··				2::			
Applicant				APPI	LICAN	IT INFURIVIAL	INFORMATION Spouse						
A -B Mama						Joint-Applicant (Joint Credit) Non-Applicant							
Applicant Name						Spouse Name							
(For Wisconsin resident	* /			han Self & Sp	ouse	Dependents (not listed by Applicant)							
Married	Unmarried	No.	Ages			No.	No.   Ages						
Legally Separated													
Social Security Number	Date of Birth	Drivers	License I	No.	State	Social Secu	rity Number	r	Date of Birth	Drivers Lice	ense No.	State	
~						Dhan	Т	<u> </u>		' '' An			
Home Phone	Cell Phone	Е-Ман	Address	3		Home Phor	ne	Cell	Phone	E-Mail Ad	ldress		
(Otropt						- + 4 ele	(2) et		011 011 0 712			•••	
Present Address (Street,	City, State & ∠IP)	∐ Own	∐ Hei	nt	No. Yrs.	s.   Present Aad	dress (Street	t, City,	State & ZIP)	] Own $\square$	Rent	No. Yrs.	
Previous Address (Street	, City, State & ZIP	')			No. Yrs	rs. Previous Ad	Idress (Stree	et, City	, State & ZIP)			No. Yrs.	
•	, - ,,	,					,	•					
				EMDLO	VALEN	<u> </u>	1001						
N 0 Address of Emp	·	O-4 Employ	1	1				1-01/01		" Flayed	Vrs. on this	1-1-	
Name & Address of Emp	loyer $\Box$	Self Employ	yed	Yrs. on this	s Job	Name & Au	Name & Address of Employer Self Employed Yrs. on this job						
				Gross Mon	+hlv						Gross Mont	thi.	
				Income S	,						Gross Mont	•	
					•							•	
				D		1							
Position				Business Pl	hone	Position	Position					Phone	
Normal di Brandonia Francisco						Name of Pr	Name of Previous Employer Self Employed Yrs. on this jo					!ab	
Name of Previous Emplo	yer 🗀 🕻	Self Employe	90	Yrs. on this	Job	Name or i	evious Linpi	lloyei	□ 36	T Employed	TIS. UII IIIIS	JOD	
		OTUED	INCOM	45 Eveent	alimo	child cup		aint					
(Need not reveal income	from medical insi			•		ony, child sup	-			income co	neidered as a had	cie for	
repaying this obligation).		Jianos, Gioca	Jilly Or	age commun.	lloi i ii.e.	uranos ir applica	ini(s) doco	not on.	JUSE TO HAVE GUS.	I IIICOITIC CC.	Ilbiuereu as a sa	313 101	
Gross Monthly Income	Applicant	Spou	ıse	Total			Describe	Othe	r Income Source		Monthly A	mount	
Overtime	\$	\$		\$	A	Applicant					\$		
Bonuses		+				Applicant							
Commissions		<b>—</b>			s	Spouse							
Dividends/Interest					s	Spouse							
Net Rental Income													
Other (complete section	to												
the right to describe)													
Total (incl. base employment	nt) \$	\$		\$	L						l		
	INCOMI	E FROM AI	LIMONY	, CHILD SU	JPPOF	RT OR SEPAR	RATE MAIN	NTEN	ANCE PAYME	NTS			
	(Need not be	revealed if a	applicant(	s) does not c	hoose t	to have it consid	ered as a ba	asis fo	r repaying this ob	ligation).			
Kind of Income	Name of Payor					Kind of Inco	ome	Na	ame of Payor				
· * * * * * * * * * * * * * * * * * * *		<del></del>		_	Dur		** 4	+-	-	1 0 4	=		
Amount per Month \$	•		Amt. Past	t Due		Amount per	Amount per Month		Ends Amt. Pas		. Past Due		
Ψ   Φ													
Is any listed income likely	y to be reduced be	efore the cred	dit reques	sted is paid of	ff?	Is any listed	d income like	ely to l	oe reduced before	the credit r	requested is paid	off?	
No 🗌	l	No Yes (Explain in detail on separate sheet)											
Name and Address of ne	arest relative not	living with yo	ou			Name and	Address of n	neares	t relative not living	g with you			
					A:	ssets							
Assets	Amo	unt		Assets		Am	ount		Assets		Amount	t	
Accounts in Banks	\$		Real E	state Owned		\$			Other Assets	\$			
Stocks & Bonds	\$		Retirer	ment Funds		\$							
Life Insurance (Face Value			-			\$			Total Assets	[9	<b>1</b>		
Autor			Autom	mobiles		Ψ	<b>a</b>		Iolai Assels	,			

	LIST ALL DEBTS AND OF	LIGATIONS OF PERS	SONS IDENTIFIED IN APPLICAN	IT AND SPOUSE COLUMN	NS.		
	LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance	Credit Limit	Debtor		
	dress of Creditor	\$ Payment/Months	\$	\$	☐ APPLICANT ☐ SPOUSE		
Acct. no.		0.0		Φ			
Name and Address of Creditor		\$ Payment/Months	\$	\$	☐ APPLICANT ☐ SPOUSE		
Acct. no.  Name and Address of Creditor		\$ Payment/Months	\$	\$	☐ APPLICANT ☐ SPOUSE		
Acct. no.							
Name and Address of Creditor		\$ Payment/Months	\$	\$	☐ APPLICANT ☐ SPOUSE		
Acct. no.  Name and Address of Creditor		\$ Payment/Months	\$	\$	☐ APPLICANT ☐ SPOUSE		
Acct. no.							
	dress of Creditor	\$ Payment/Months	\$	\$	☐ APPLICANT ☐ SPOUSE		
Acct. no.	dress of Creditor	\$ Payment/Months	\$	\$			
Acct. no.	riess of Cleditor	y r aymentinonans		<b>•</b>	☐ APPLICANT ☐ SPOUSE		
Acct. no.	TOTAL MONTHLY						
	PAYMENTS	\$					
plan is enter NOTICE OF by a first lien upon comple or the applic to waive the NOTICE: We	70, Wis. Stats., adversely affects ted into, is furnished a copy of the RIGHT TO RECEIVE COPY OF A on a 1-4 family dwelling, you have tion, but in no case later than 3 dation is incomplete or withdrawn. If 3-day requirement. You may be rese may report information about you our credit report.	PPRAISAL: Under the ethe right to a copy of ays prior to the closing the report cannot be purified to pay a reasonation.	or decree or has actual knowledge. Federal Equal Credit Opportunity the appraisal or valuation report of the loan. You have the right who provided to you no later than 3 day able fee to reimburse the creditor	y Act, if the credit being appused in connection with you nether the credit applied for ys prior to the closing of the for the cost of the appraisa	lied for will be secured ur application promptly is approved or denied loan, you may choose l/valuation report.		
and obtain a rely on these and to answ regulations obearing character informatio with its a (3) the inf	everally, (1) represent that the abord ditional information concerning of a statements without any further verany questions about our credit for agreements of the creditor governmy credit worthiness istics or mode of living worn is unrelated to my transfillates, (2) the information ormation when provided to a signed understand that it may be a signed understand that it may be a signed understand that it may be a	ur credit, employment lerification), to furnish, experience and other firming such credit. This s, credit standinitiates usactions or expern constitutes "me o an affiliate would be set of the set of	history or any other information, in to the extent not prohibited by apinancial relationships with the cre is application is creditor's propertying, credit capacity, charunless (1) I direct the creciences with the creditor a edical information" as de Id constitute a "consumer	ncluding credit reports, (alther plicable law, credit experied ditor, and (3) agree to the paracter, general repuditor at the address and may not be share fined under applicable report" under applicable.	nough the creditor may note with me to others, provisions of any rules, hare information tation, personal above that suched by the creditor lee federal law, or cable federal law.		
any of the	above facts.						
		_	T INFORMATION ABOUT S FOR OBTAINING CREDIT				
To help the	government fight the funding of			law requires all financial i	nstitutions to obtain		
verify, and r What this m	ecord information that identifies leans for you: When you obtain . We may also ask to see your d	each person who ob credit, we will ask for	otains credit. · your name, address, date of bi	·	•		
identity you			er identifying documents.	Date			
Joint-Applicant Spous				Date			
The cre	Wisconsin resident: dit being applied for, if granted, wi f this credit transaction to my spot		terest of my marriage or family. I u	understand the creditor may	be required by law to		
	A	Applicant		Date			
		application received for	Creditor by				
This information In a face-t In a teleph By the ap	eted by Interviewer: on was provided: o-face interview none interview olicant and submitted by fax or mail olicant and submitted via e-mail or the		Ciculoi by				
Loan Originato	or's Signature						
<u>X</u>	or's Name (print or type)	Loan Originator Iden	ntifier	Date Loan Originator's Phone Nur	Date  Loan Originator's Phone Number (including area code)		
Loan Originati	on Company's Name	Loan Origination Co	mpany Identifier	Loan Origination Company's Address			