



P.O. Box 75974
 Seattle, WA 98175-0974
 (206) 440-9000
 (206) 361-5300 FAX



CONSUMER LOAN APPLICATION

DATE _____

APPLICANT INFORMATION. Married Applicants may apply for an individual loan/separate account.

Type of Credit. Check the type of credit for which you wish to apply.

- Individual credit** -- If you are applying for individual credit, complete the Applicant section.
- Joint credit** -- If you are applying for joint credit with your spouse or another person, complete the Applicant section and the Spouse/Co-Applicant section.

You must initial here if you intend to apply for Joint Credit: **X** _____ **X** _____

Spouse Information. You must also complete the Spouse section if any of the following apply: (1) your spouse will use your account; or (2) you are relying on your spouse's income as a source of repayment.

Type of Credit Applied For:

- Ready Money Line of Credit Limit Desired _____
- Personal Amount _____
- Auto Amount _____
- Recreational Vehicle Amount _____
- Other _____

- Payment Method: ACH Automatic Share Transfer Cash
 Frequency: Monthly Bi-weekly Semi Monthly
 Collateral Offered: _____
 New Auto Used Auto Signature Other _____
 Term (mos) _____
 Purpose _____

APPLICANT OR CO-SIGNER

Complete for secured credit or if you live in a community property state.

- MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. & STATE		BIRTH DATE
HOME PHONE NO.		NO. OF DEP.	AGE OF DEPENDENTS OTHER	
E-MAIL ADDRESS				
CURRENT STREET ADDRESS (Street/City/State/Zip)			SINCE	
			DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
			PAYMENT AMOUNT: \$	
FORMER STREET ADDRESS			YEARS THERE	
CITY		STATE	ZIP CODE	
PERSONAL REFERENCE			RELATIONSHIP	

SPOUSE/DOMESTIC PARTNER **CO-APPLICANT**

Complete for secured credit or if you live in a community property state.

- MARRIED SEPARATED UNMARRIED (Single, Divorced, Widowed)

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. & STATE		BIRTH DATE
HOME PHONE NO.		NO. OF DEP.	AGE OF DEPENDENTS OTHER	
RELATIONSHIP TO APPLICANT			E-MAIL ADDRESS	
CURRENT STREET ADDRESS (Street/City/State/Zip)			SINCE	
			DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT	
			PAYMENT AMOUNT: \$	
FORMER STREET ADDRESS			YEARS THERE	
CITY		STATE	ZIP CODE	
PERSONAL REFERENCE			RELATIONSHIP	

EMPLOYMENT & INCOME If you are self-employed, attach a financial statement and your most recent income tax return.

CURRENT EMPLOYER		HIRE DATE
WORK PHONE NO.		
POSITION	MONTHLY GROSS INCOME	
	\$	
FORMER EMPLOYER (if current less than 2 years)		

CURRENT EMPLOYER		HIRE DATE
WORK PHONE NO.		
POSITION	MONTHLY GROSS INCOME	
	\$	
FORMER EMPLOYER (if current less than 2 years)		

OTHER INCOME You need not list income from alimony, child support or separate maintenance unless you wish it considered for purposes of granting this credit.

SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME
1.		\$
2.		\$

SOURCE OF OTHER INCOME	FREQUENCY	MONTHLY INCOME
1.		\$
2.		\$

ASSETS & DEPOSITS Please check the appropriate box below. INDICATE: **A** - Applicant **OR** **C** - Spouse/Domestic Partner/Co-Applicant

CHECK ONE "✓"			FINANCIAL INSTITUTION	CURRENT BALANCE	CHECK ONE "✓"			FINANCIAL INSTITUTION	CURRENT BALANCE
A	C	TYPE			A	C	TYPE		
				\$				\$	
				\$				\$	
				\$				\$	
AUTO 1		YEAR	MAKE	VALUE	AUTO 2		YEAR	MAKE	VALUE
				\$					\$
REAL ESTATE				VALUE	OTHER ASSETS (Retirement, Stocks, Bonds)				VALUE
				\$					\$

