



1325 Oxford Drive • Allentown, PA 18103
 (610) 791-2464 • Fax (610) 791-2900

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	LOAN #	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If you live in a community property state, are You:
 Married Separated Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for an individual loan. Indicate if You want an:
 Individual Loan Joint Loan with Your Spouse
 Joint Loan with another Applicant

3. Method of Payment: Payroll Deduction Automatic Share Transfer
 Weekly Bi-Weekly Monthly Cash

Spouse/Co-Applicant Information

4. Complete Spouse/Co-Applicant Information only if one of the following apply:

a. This is for joint account with Your Spouse or other Co-Applicant.
 b. Your Spouse will use Your Account.
 c. You're relying on Your Spouse's income as a source of repayment for the credit requested.
 d. You live in a community property state: (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, Wisconsin) and Puerto Rico.
 Whenever used in this application, the words You and Your refer to the Applicant(s), and the words We, Us, Our refer to the Lender.

Open-End Features Applied For:

Signature Line-of-Credit Limit Desired \$ _____
 (including Overdraft Protection)

MASTERCARD Limit Desired \$ _____ No. of Cards _____

Other _____
 Purpose _____

Closed-End Loans Applied for

Secured Unsecured Share secured No. of Months
 \$ _____ \$ _____

Purpose _____
 Collateral Offered _____
 Collateral Owned By _____

APPLICANT				SPOUSE/CO-APPLICANT (See Information Above)			
FIRST NAME	INITIAL	LAST NAME		FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTH DATE		SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	BIRTH DATE	
CURRENT STREET ADDRESS		APT NO.	SINCE	CURRENT STREET ADDRESS		APT NO.	SINCE
CITY		STATE	ZIP	CITY		STATE	ZIP
<input type="checkbox"/> RENT	PROPERTY VALUE	FORMER STREET ADDRESS	YRS. THERE	<input type="checkbox"/> RENT	PROPERTY VALUE	FORMER STREET ADDRESS	YRS. THERE
<input type="checkbox"/> OWN	\$			<input type="checkbox"/> OWN	\$		
CITY		STATE	ZIP	CITY		STATE	ZIP
HOME TELEPHONE NUMBER		NO. OF DEP.	AGE OF DEPENDENTS	HOME TELEPHONE NUMBER		NO. OF DEP.	AGE OF DEPENDENTS
()				()			

EMPLOYMENT AND INCOME If self employed, attach financial statement and/or income tax return.

CURRENT EMPLOYER	HIRE DATE	CURRENT EMPLOYER	HIRE DATE
ADDRESS		ADDRESS	
CITY		STATE	ZIP
TELEPHONE NUMBER		TELEPHONE NUMBER	
()		()	
POSITION	MO. GROSS SALARY	POSITION	MO. GROSS SALARY
	\$		\$
FORMER EMPLOYER - Name/Address/Telephone		FORMER EMPLOYER - Name/Address/Telephone	
	YRS.		YRS.

OTHER INCOME You need not list income from alimony, child support or separate maintenance unless You wish of granting this credit

TYPE OF OTHER INCOME	MONTHLY AMT.	TOTAL MO. INCOME	TYPE OF OTHER INCOME	MONTHLY AMT.	TOTAL MO. INCOME
	\$			\$	
NAME/ADDRESS/TELEPHONE OF PAYER			NAME/ADDRESS/TELEPHONE OF PAYER		

ASSETS AND DEPOSITS

LIST ALL ASSETS – ATTACH SEPARATE SHEET IF NECESSARY

A – APPLICANT

C – SPOUSE/CO-APPLICANT

CHECK A C	TYPE	DEPOSITORY (OR OTHER) NAME, ADDRESS	ACCOUNT NUMBER	APPROXIMATE BALANCE
	CHECKING			
	SAVINGS			
	OTHER			

DESCRIPTION OF ASSETS	VALUE	PLEGDED AS COLLATERAL <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIPTION OF ASSETS	VALUE	PLEGDED AS COLLATERAL <input type="checkbox"/> YES <input type="checkbox"/> NO
CAR 1	\$		CAR 2	\$	
PROPERTY	VALUE	PLEGDED AS COLLATERAL <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY	VALUE	PLEGDED AS COLLATERAL <input type="checkbox"/> YES <input type="checkbox"/> NO
	\$			\$	
OTHER ASSETS	VALUE	PLEGDED AS COLLATERAL <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ASSETS	VALUE	PLEGDED AS COLLATERAL <input type="checkbox"/> YES <input type="checkbox"/> NO
	\$			\$	

OPTIONAL CREDIT INSURANCE – An Appropriate application/disclosure will be furnished at the time Your credit is approved.

Credit Life and/or Credit Disability Insurance is not required to obtain credit under this plan and will be included only if requested immediately below by the APPLICANT.

YOU MUST CHECK ONE OR MORE OF THE BOXES.

You are interested in Credit Disability Insurance – single coverage You are interested in Credit Life Insurance – single coverage joint coverage

(If joint coverage is applied for Spouse must co-sign promissory note.)

You are not interested in Credit Insurance

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement and promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several.

LIEN ON SHARES: If You are issued a Credit Card, You grant and consent to a lien on Your shares with Us (except IRA and Keogh Accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Credit Card balance.

APPLICANT	CO-APPLICANT
SIGNATURE	SIGNATURE
DATE	DATE

DO NOT WRITE BELOW – FOR CREDIT UNION USE ONLY

DATE	APPROVED LIMITS	CLOSED-END SECURED \$	CLOSED-END UNSECURED \$	SIGNATURE LINE OF CREDIT \$	SHARE SECURED \$	OTHER \$
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LOAN OFFICER

CREDIT COMMITTEE OR OTHER

LOAN APPROVED YES NO REFERRED TO CC

LOAN APPROVED YES NO

COUNTER OFFER WILL BE MADE IF ACCEPTED. LOAN APPROVED.

COUNTER OFFER WILL BE MADE IF ACCEPTED. LOAN APPROVED.

DESCRIBE COUNTER OFFER

SPECIFIC REASON(S) FOR REJECTION

OUTSIDE INFORMATION CONSIDERED? YES NO IF YES, ATTACH ADDITIONAL SHEET AND DESCRIBE

REASON(S) FOR REFERRAL	CREDIT COMMITTEE SIGNATURES	DATE
	1.	
	2.	
LOAN OFFICER SIGNATURE	3.	

ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON (DATE) BY (INITIALS)