



CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

1325 Oxford Drive ■ Allentown, PA 18103
(610) 791-2376 ■ FAX (610) 791-2900

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION 1. If You live in a community property state, are You: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for an individual loan. Indicate if You want an: <input type="checkbox"/> Individual Loan <input type="checkbox"/> Joint Loan with Your Spouse/Co-Applicant 3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Share Transfer <input type="checkbox"/> Cash Payment 4. Frequency of Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Spouse/Co-Applicant Information 5. Complete Spouse/Co-Applicant Information only if: a. This is for a joint account with Your Spouse or other Co-Applicant. b. Your Spouse will use Your Account. c. You are 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, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico). 6. Definitions: Whenever used in this application the words You and Your refer to the Applicant(s) or Spouse/Co-Applicant and the words We, Us, and Our refer to the Lender.
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Credit Applied For:
 Type of credit _____ Amount Requested \$ _____ Refinanced Amount \$ _____ Total Request \$ _____
 Purpose _____ Collateral Offered _____ Value \$ _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (610) 791-2376 (callers from outside the 610 area code may call collect), or by writing to Us at 1325 Oxford Drive, Allentown, PA 18103.

APPLICANT OR CO-SIGNER own; rent; live with other

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS		APT.	SINCE (MO. YR.)
CITY	STATE	ZIP	
COUNTY	EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
CELL PHONE	HOME PHONE	NO. OF DEPS	AGES OF DEPENDENTS
NAME, ADDRESS AND PHONE NUMBER OF NEAREST RELATIVE NOT LIVING WITH YOU			

SPOUSE/CO-APPLICANT own; rent; live with other

FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER		BIRTHDATE	
CURRENT STREET ADDRESS		APT.	SINCE (MO. YR.)
CITY	STATE	ZIP	
COUNTY	EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
CELL PHONE	HOME PHONE	NO. OF DEPS	AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			

EMPLOYMENT AND INCOME If self-employed or retired, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP			
WORK PHONE	POSITION	MO. GROSS INCOME	
		\$	
FORMER EMPLOYER	POSITION	YEARS	

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE	
ADDRESS/CITY/STATE/ZIP			
WORK PHONE	POSITION	MO. GROSS INCOME	
		\$	
FORMER EMPLOYER	POSITION	YEARS	

OTHER INCOME You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE OF OTHER INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
	\$
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	APPROX. BAL.
			\$
			\$
			\$
			VALUE
			\$
			VALUE
			\$
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE	APPROX. VALUE	
	\$	\$	

TYPE	BANK (OR OTHER) NAME, ADDRESS	ACCOUNT NO.	APPROX. BAL.
			\$
			\$
			\$
			VALUE
			\$
			VALUE
			\$
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED	PURCHASE PRICE	APPROX. VALUE	
	\$	\$	

CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

A = Applicant C = Spouse/Co-Applicant
 D = Debts to be paid off if loan is granted

PLEASE CHECK	OBLIGATIONS		LENDER (OR OTHER) NAME, ADDRESS LIST ALL OBLIGATIONS AND CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
	A	C						
Please answer the following questions. If a yes answer is given, explain on an attached sheet.			A	C	TOTALS		\$	\$
1. Have You filed a petition for bankruptcy in the last 14 years?			Yes	No	Please Check: A = Applicant C = Spouse/Co-Applicant		A	C
2. Have You ever had any auto, furniture or property repossessed?					6. Have You any obligations not listed?		Yes	No
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____					7. Do You have any past due bills?			
4. Have You ever had credit in any other name? What Name _____					8. Is any income You have listed likely to reduce in the next 2 years?			
5. Have You any suits pending, judgments filed, alimony or support awards against You?					9. Indicate immigration status:			
					Applicant	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent U.S. Resident	<input type="checkbox"/> Other _____
					Co-Applicant	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent U.S. Resident	<input type="checkbox"/> Other _____

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

You are interested in Credit Disability Insurance - single coverage You are interested in Credit Life Insurance - single coverage joint coverage
 You are not interested in Credit Insurance

SIGNATURES

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. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a credit card, by signing below, 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.**

You hereby acknowledge Your intent to apply for joint credit

_____ Applicant's Initials _____ Co-Applicant's Initials

APPLICANT OR CO-SIGNER SIGNATURE	DATE	SPOUSE/CO-APPLICANT SIGNATURE	DATE
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LOAN OFFICER	CREDIT MANAGER OR OTHER
LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC COUNTER OFFER WILL BE MADE IF ACCEPTED, LOAN APPROVED.	LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO COUNTER OFFER WILL BE MADE IF ACCEPTED, LOAN APPROVED.

DESCRIBE COUNTER OFFER:

SPECIFIC REASON(S) FOR REJECTION/APPROVAL:

LOAN OFFICER SIGNATURE	DATE	ADDITIONAL INFORMATION:
CREDIT MANAGER OR OTHER	DATE	

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