

100 Otis Smith Drive Clarksville, TN 37043 Phone: 931-551-8271 www.gatewaycreditunion.com

Date:



MARRIED APPLICANTS may apply for a separate account. Individual Credit — You must complete the applicant sect (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI); (2) your spould Joint Credit — If you are applying for a joint account or a You intend to apply for joint credit.	ion about y se will use	ourself and the the account; or	other section (3) you are	on about your spouse if: (1) You live in relying on your spouse's income as a s	ource of repayment.
Applicant Signature X Account:		Co-Applic Repayment:	ant Signati	ure X	
Amount Requested:					
Purpose or Collateral: If this application is used to issue a credit card, you ur receipt and agreement to the terms and conditions of the	e credit c	ard agreemer	nt provided	to you with the card.	ite acknowledgment and
APPLICANT Complete for joint credit or if you live in a community proper		☐Married	2.111.0.211.0.221.0.0.0.0.0.0	arated ☐Unmarried (single, divo	rced widowed)
	ocial Secu			License No./State Email (Hom	· ,
Account Number Security Authentication	Birthdate	Ho	me Phone	Business Phone N	umber of Dependents
Present Address		wn ∐Rent	Mortgage	/ Rent to:	Monthly Payment
	Yea	ars There			Balance
Name and address of employer Sta	rt Date	Employmer	t Income	Previous employer name and addre	ss Start Date
					End Date
Notice: Income from alimony, child support, or separate ma	intenance	payments nee	ed not be re	vealed if you do not choose to have it	considered.
Other Income Amount Period		Source	An	nount Period	Source
Name and address of nearest relative not living with you			Re	lationship	Phone
OTHERUOINTAPPLICANT CO-SIGN	6. 10. n van. 4 n. n. n. n.	ARANTOR	ds die bei		
Complete for joint credit or if you live in a community proper Name	rty state: Social Secu	Married		arated Unmarried (single, divons License No./State Email (Hom	
		•		·	•
Account Number Security Authentication	Birthdate	Hor	ne Phone	Business Phone N	umber of Dependents
Present Address		wn ∐Rent	Mortgage	e/ Rent to:	Monthly Payment
	Yea	ars There			Balance
Name and address of employer Sta	irt Date	Employmer	it Income	Previous employer name and addre	ss Start Date
					End Date
Notice: Income from alimony, child support, or separate ma					
Other Income Amount Period	So	ource	Amou	unt Period	Source
Name and address of nearest relative not living with you			Relat	ionship	Phone

Deposits at other Financial Institutions				
	2.9			ų.
* *				
Clear title assets (Car/Property)	,	√alue:	Pledned :	as collateral
cical fue assets (cam reporty)	·	value.	r reagea a	as condicial
OUTSTANDING DEBTS AND OTHE	(2527-C)*(750-19 (523-19 1) 624-19 (1) 24 (1) 23 (1) 10 (1		en en de de de de de de de	
Creditor	,	Account No.	Balance	Monthly Payments
Do you have any outstanding judgements, ever	r filed bankruntry had debt	APPLICANT	OTHER APPLICANT	ARE YOU A UNITED STATES CITIZEN?
adjustment plan confirmed under Chapter 13, had				APPLIÇANT YES NO
repossessed in last 7 years? Is any income you have shown likely to reduce in the	next two years?	∐YES ∐ NO ∏YES ∏ NO	∐YES ∐ NO □YES □ NO	OTHER APPLICANT YES NO
Are you a co-maker or co-signer on any loan? If so, w	hom?	YES NO	YES NO	IF NO LIST STATUS
NAME OF OTHERS OBLIGATED ON LOAN AND NAME OF OUR TYES ANSWERS TO QUESTIONS, EXPLAIN	REDITOR			
II TEO MIGHERO TO QUESTIONS, EXPERIM				
STATE NOTICES				
OHIO RESIDENTS ONLY: The Ohio laws agai credit reporting agencies maintain separate cred	nst discrimination requires the	nat all creditors make o	credit equally available to	o all credit worthy customers and that
WISCONSIN RESIDENTS ONLY: For any pro-		• •	•	•
to adversely affect the rights of the Credit Ur knowledge of its terms before any credit is an	nion, the Credit Union must	be provided with a c	copy of the Agreement,	decree or statement or have actual
request, if approved, will be incurred in the inter	rest of the marriage or family	of the undersigned.	applying for this loan a	account with your spouse. This credit
		Wisconsin Resident	Only	Date
SIGNATURES	+- 6: if-d D			
You promise that the information stated in this To agent is authorized to investigate your credit worth	hiness, employment history, a	nd to obtain a credit rep	ort and to answer question	ons about its credit history with you. The
Credit Union may also obtain credit reports to upo to be in default. You agree that this application sh	nall be the Credit Union's prop	erty whether or not this	application is approved.	You will notify the Credit Union in writing
immediately of any changes in your name, add information to obtain credit. If you request, you wi	Il be provided the name and a	address of any credit bu	reau from which we rece	ived a credit report. If this application is
used to issue a credit card, by signing below or provided to you with the credit card.				•
As security for any loan advance to you of Union a Security Interest in all individual ar	nd joint share or other acc	ounts you have with	the Credit Union now	and in the future. When you are in
default you authorize the Credit Union to consequence if pledged as security are not	take that money and appl subject to this Security Int	ly it to what you ow terest.	e. Shares and deposi	ts that would have an adverse tax
To help the government fight the funding of Tell information that identifies each person who open	rrorism and money launderin ens an account. What this n	ng activities, Federal la means for vou: When v	ou open an account. w	e will ask vour name, address, date of
birth, and other information that will allow us to	identify you. We may also a	ask to see your driver's	license and other ident	ifying information.
V	0	v		/n = = 1\
X (se	Date	X Other Applicant	Guarantor	(seal) Date
	CREI	DIT ACTION		
APPROVED (subject to special conditions set to	forth below):	DISAPPROVED	(for the following reaso	n):
		The following co	unter offer will be made	to the applicant and if accepted, we
Ву:		approve the loar Describe:		· · · · · · · · · · · · · · · · · · ·
		Outside informat	tion considered: LNO	YES Describe:
		Par		
■ECOA Notice and reason for Rejection sent	or delivered on	By:		

LOAN ADDENDUM

Employment:	
Job title:	
Supervisor's name:	
References:	
Please provide an additional name and address of a nearest r	relative not living w/you.
Name: Address:	
Relationship:	
Phone #:	
Insurance:	
Insurance contact information: (insurance information for c	collateral offered)
Company name Agent name	phone #
Credit Disabilityyesno	
Credit Life Insuranceyesno	
*GAP Insuranceyesno	
**Mechanical Breakdown Protection Quoteyes contacted w/details)	_no (if yes, you will be
Applicant's signature Date	
*GAP Insurance is available only for new and used vehicles motorcycles/ATV, campers and boats.	s, private passenger vehicles