



**WESTMORELAND**  
 307 Main Street  
 Westmoreland, KS 66549  
 (785) 457-3316

**MANHATTAN**  
 8685 E HWY 24  
 Manhattan, KS 66502  
 (785) 539-9002

**ONAGA**  
 301 Leonard Street  
 Onaga, KS 66521  
 (785) 889-4211

**BANK *with* FARMERS.COM**

**CONSUMER CREDIT APPLICATION**

**IMPORTANT: PLEASE READ DIRECTIONS BEFORE FILLING OUT APPLICATION.**

If you are applying for joint credit, please provide co-applicant section information for the joint applicant.

**IMPORTANT APPLICANT INFORMATION:** Federal law requires Financial Institutions to obtain adequate information to ensure proper identification of individuals applying for credit or opening new accounts. You will be asked to supply this information and, in some cases, supporting documentation to verify your identity. We may use outside sources to verify this identifying information. All information you provide is protected by our privacy policy and federal law.

<b>Amount Requested</b>		<b>Payment Date Desired</b>		<b>Proceeds To Be Used For:</b>	
\$					
<b>APPLICANT INFORMATION <i>Complete all that apply</i></b>					
Name (Last, First, Middle):			Birth Date	Phone	Work
Social Security No.	Drivers License No.		Issued Date	Expiration Date	State
Tax ID No.	Other (Military ID, etc)		Issued Date	Expiration Date	State
Address (Street, PO Box, City, State, Zip)					How long at address?
Previous Address (Street, PO Box, City, State, Zip)					How long at address?
Present Employer (Name & Address)		Occupation	Length of Employment	Present Gross Salary \$ _____ per	Present Net Salary \$ _____ per
Previous Employer (Name & Address)		Length of Employment	Other Income \$ _____ per	Source for Other Income	No. of Dependents
Is any income listed in this section likely to be reduced before credit is paid off? <input type="radio"/> No <input type="radio"/> Yes (Brief Description)			Checking Acct Number _____	Located? _____	
			Savings Acct Number _____	Located? _____	
Name & Address Of Nearest Relative Not Living With You				Relationship	Telephone (include area code)
<b>CO-APPLICANT INFORMATION <i>Complete all that apply</i></b>					
Name (Last, First, Middle):			Birth Date	Phone	Work
Social Security No.	Drivers License No.		Issued Date	Expiration Date	State
Tax ID No.	Other (Military ID, etc)		Issued Date	Expiration Date	State
Address (Street, PO Box, City, State, Zip)					How long at address?
Previous Address (Street, PO Box, City, State, Zip)					How long at address?
Present Employer (Name & Address)		Occupation	Length of Employment	Present Gross Salary \$ _____ per	Present Net Salary \$ _____ per
Previous Employer (Name & Address)		Length of Employment	Other Income \$ _____ per	Source for Other Income	No. of Dependents
Is any income listed in this section likely to be reduced before credit is paid off? No <input type="radio"/> Yes (Brief Description) <input type="radio"/>			Checking Acct Number _____	Located? _____	
			Savings Acct Number _____	Located? _____	
Name & Address Of Nearest Relative Not Living With You				Relationship	Telephone (include area code)
<b>MARITAL STATUS</b>					
<b>Applicant:</b> <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried <b>Co-Applicant:</b> <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried					

**ASSET AND DEBT INFORMATION** If Co-Applicant section has been completed, provide information about both Applicants.

**ASSETS**

Asset Description	Value	Subject To Debt?	Owner Names
Cash	\$		
Cash Value of Life Insurance	\$		
Real Estate	\$		
Marketable Securities	\$		
Other (give details)	\$		
Automobiles (Year, Make, Model)			
1.	\$		
2.	\$		
3.	\$		
4.	\$		
<b>Total Assets</b>	\$		

**DEBT (Include the following: credit cards, rent, mortgages, etc.)**

Creditor	Type Of Debt	Original Balance	Present Balance	Monthly Pmt Amt	Name on Acct
Landlord or Mortgage Company	<input type="radio"/> Rent <input type="radio"/> Mortgage	\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
	<b>Total Debts</b>	\$	\$	\$	

**SECURED CREDIT (Complete only if credit is to be secured.)**

**Credit Description**

Names and Addresses of ALL Owners and Co-Owners of the Property:

Auto Insurance Agent (Name and Address):

Credit References	Reference Address and Type of Account
-------------------	---------------------------------------

- 
- 

Are you the co-applicant, endorser, or guarantor on any loan or contract?  No  Yes For Whom? \_\_\_\_\_ Have you declared Bankruptcy in the last 10 years?  No  Yes \$ Amt \_\_\_\_\_ Are there any unsatisfied judgments against you?  No  Yes \$ Amt \_\_\_\_\_

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate; (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate; and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

**SIGNATURES**

Everything I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check any information I have provided and answer questions about your credit experience with me. Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature.

	If Co-Applicant Signature applies, then: <b>WE INTEND TO APPLY FOR JOINT CREDIT</b>	
--	--	--

Applicant's Signature

Date

Co-Applicant Signature

Date

