



P.O. Box 20050
Cheyenne, WY 82003
(307) 638-4200
(800) 442-2392

P.O. Box 2930
Casper, WY 82602
(307) 234-2373
(800) 442-2392

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT

ACCOUNT NUMBER – CO-APPLICANT

DATE

--/--/--

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 individual credit. Indicate if You would like:

☐ Individual Credit ☐ Joint Credit with Your Spouse/Co-Applicant

3. Method of Payment: ☐ Payroll Deduction ☐ Automatic Share Transfer ☐ Cash Payment

4. Frequency of Payment: ☐ Monthly ☐ Other _____

Spouse/Co-Applicant Information

5. Complete Spouse/Co-Applicant Information only if:

- a. This is for joint credit 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; or
- d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or 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.

Credit Applied For:

Type of credit _____ Amount Requested \$ _____ Refinanced Amount \$ _____ Total Request \$ _____

Purpose _____ Collateral Offered _____ No. Mo. _____

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 (800) 442-2392 or by writing to Us at P.O. Box 20050, Cheyenne, WY 82003

APPLICANT

FIRST NAME	INITIAL	LAST NAME		
SOCIAL SECURITY NUMBER		BIRTHDATE		
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE	
CITY		STATE	ZIP	
DRIVER'S LICENSE NUMBER/STATE		E-MAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE	
DO YOU:	MO. PAYMENT	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	\$			
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU				

SPOUSE/CO-APPLICANT

FIRST NAME	INITIAL	LAST NAME		
SOCIAL SECURITY NUMBER		BIRTHDATE		
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE	
CITY		STATE	ZIP	
DRIVER'S LICENSE NUMBER/STATE		E-MAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE	
DO YOU:	MO. PAYMENT	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	\$			
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 TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

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

OTHER INCOME

Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered. (Proof Required)

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.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL			BALANCE OWED	
CAR 2 - YR. - MAKE - MODEL			BALANCE OWED	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

TYPE	BANK (OR OTHER) NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 3 - YR. - MAKE - MODEL			BALANCE OWED	
CAR 4 - YR. - MAKE - MODEL			BALANCE OWED	
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE	APPROX. VALUE	

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

[illegible]

Please answer the following questions. If a yes answer is given, explain on attached sheet. Please Check: A =Applicant C =Co-Applicant				A YES NO		C YES NO		TOTALS					
1. Have You filed a petition for bankruptcy in the last 10 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Check: A =Applicant C =Co-Applicant		A YES NO		C YES NO	
2. Have You ever had any auto, furniture, or property repossessed in the last 7 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Have You any suits pending, judgments filed, alimony, or support awards against You in the last 7 years?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are You a co-maker or co-signer on any loan? For whom _____ Where _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have You any obligations not listed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had credit in any other name? What name _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Is the property securing this loan You are applying for currently for sale?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Smart Payment Protection is not required to obtain credit and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The costs for Credit Line Accounts are shown below. For Credit Line Accounts, the charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the cost shown. For Closed-End loans, the total cost will be calculated and disclosed to You separately.

Monthly Costs per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE of the boxes below.

Smart Payment Protection: Single Coverage – _____ ☐ Yes ☐ No Joint Coverage – _____ ☐ Yes ☐ No
☐ You are not interested in Smart Payment Protection

Closed-End Loan Applicants - You must CHECK ONE of the boxes below.

You are interested in Smart Payment Protection – single coverage ☐ joint coverage ☐ ☐ You are not interested in Smart Payment Protection

NOTE: For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and You are applying for Debt Protection, You authorize Us to add the required charge to Your Account, assess a Finance Charge on the charge at the rate which applies to Your Account, and forward such charge to the plan administrator.

SIGNATURE OF APPLICANT _____

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. If this application is for any Credit Line contained in Our Credit Card 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 will receive a copy of that Agreement and Disclosure no later than the time of Your first credit advance and You 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

X _____
Signature of Applicant

Date

X _____
Signature of Spouse/Co-Applicant

Date

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

ACKNOWLEDGMENT:

STATE OF _____, COUNTY OF _____)ss.

This instrument was acknowledged before me this _____ day of _____

By _____

My commission expires:
(Seal)

(Notary Public)

LOAN OFFICER		CREDIT MANAGER OR OTHER	
<input type="checkbox"/> ADVANCE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED		<input type="checkbox"/> LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED	
DESCRIBE COUNTER OFFER			
SPECIFIC REASON(S) FOR REJECTION/APPROVAL			
LOAN OFFICER SIGNATURE		DATE	
CREDIT MANAGER OR OTHER		DATE	
ADDITIONAL INFORMATION			
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON _____ (DATE) BY _____			