



EMERALD BANK
6215 Perimeter Drive • Dublin, OH 43017
Phone: 614.793.4631 • Fax: 614.793.8922

LAR
 YES
 NO

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

FOR CREDITOR USE

TYPE OF CREDIT REQUESTED

IMPORTANT: Check (w) the appropriate boxes below and complete the applicable sections.

- SECURED INDIVIDUAL CREDIT - relying solely on my income or assets.
 UNSECURED INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources.
 JOINT CREDIT

DATE _____ CLASS NO. _____
ACCOUNT NO. _____
APPROVED BY _____
DECLINED BY _____

AMOUNT REQUESTED \$	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR:
------------------------	--------------	----------------------	---	----------------------------------

SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)

BIRTH DATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. OF DEP.	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)			COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)			COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (Include Area Code)		
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE Ext.	POSITION OR TITLE	HOW OFTEN PAID	TAKE HOME SALARY PER MONTH \$		
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
Alimony, child support, or separate maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
-------------------------	------------------------

Is any income listed in this Section likely to be reduced before the credit request is paid off?
 No Yes (Explain)

Have you previously received credit from us?
 No Yes - When?

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME (Last, First, Middle)

BIRTH DATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. OF DEP.	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)			COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
RELATIONSHIP TO APPLICANT (If any)	PRESENT ADDRESS (Street, City, State & Zip)				HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE Ext.	POSITION OR TITLE	HOW OFTEN PAID	TAKE HOME SALARY PER MONTH \$		
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
Alimony, child support, or separate maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
-------------------------	------------------------

Is any income listed in this Section likely to be reduced before the credit request is paid off?
 No Yes (Explain)

Have you previously received credit from us?
 No Yes - When?

SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT Married Separated Unmarried (including single, divorced, and widowed)
OTHER PARTY Married Separated Unmarried (including single, divorced, and widowed)

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)			
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVING ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			\$

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)					
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	(OMIT RENT) \$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amt. per month \$ _____
 Are you a comaker, endorser, or guarantor on any loan or contract? No Yes- If yes, for whom? _____ To whom? _____
 Are there any unsatisfied judgments against you? No Yes- If yes, whom owed? _____ Amount \$ _____
 Have you been declared bankrupt in the last 10 years? No Yes- If yes, where? _____ Year? _____

SECTION E - SECURED CREDIT Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION
NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY
IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).

SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature _____

Date _____

Other Signature (Where Applicable) _____

Date _____