

# CENTURY BANK AND TRUST

Coldwater / Sturgis / Reading / Bronson / Nottawa  
Quincy / Three Rivers

Member F.D.I.C. 

FOR BANK USE ONLY (A) Are you a U.S. Citizen?  Yes  No  
(B) Are you a U.S. Citizen?  Yes  No

DATE \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
INTEREST RATE \_\_\_\_\_ AMT REQUESTED \$ \_\_\_\_\_  
NO. OF MONTHS \_\_\_\_\_ PMT DATE \_\_\_\_\_  
PURPOSE OF LOAN \_\_\_\_\_

I certify that I have seen the identification documents pertaining to this customer(s), I have correctly copied the information below and have completed the CIP Procedure.

APPROVED BY \_\_\_\_\_  DECLINED BY \_\_\_\_\_

## CONSUMER CREDIT APPLICATION

### TYPE OF CREDIT REQUESTED

- INDIVIDUAL CREDIT- relying solely on my income or assets  
 INDIVIDUAL CREDIT – relying on my income or assets as well as income or assets from other sources.  
 **JOINT CREDIT** – We intend to apply for joint credit. \_\_\_\_\_  
applicant joint applicant

### CREDIT LIFE INSURANCE

- NO INSURANCE  
 NOT ELIGIBLE  
 SINGLE LIFE & A & H  
 SINGLE LIFE  
 JOINT LIFE

UNSECURED  SECURED  SEE COLLATERAL ADDENDUM FOR \_\_\_\_\_

### SECTION A – INFORMATION REGARDING APPLICANT

PORT # \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP + 4 CODE \_\_\_\_\_ DP \_\_\_\_\_ SINCE \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXP DATE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

POSITION \_\_\_\_\_ INCOME  PER HOUR  PER WEEK  PER MONTH PREVIOUS EMPLOYER \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT TO BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.  
 SOURCES OF OTHER INCOME: ALIMONY, CHILD SUPPORT, ETC. \$ \_\_\_\_\_  PER WEEK  PER MONTH

CHECKING ACCOUNT NO. \_\_\_\_\_ WHERE \_\_\_\_\_ BALANCE \_\_\_\_\_ DATE OPEN \_\_\_\_\_

SAVINGS ACCOUNT NO. \_\_\_\_\_ WHERE \_\_\_\_\_ BALANCE \_\_\_\_\_ DATE OPEN \_\_\_\_\_

NEAREST RELATIVE NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

PERSONAL REFERENCE NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### SECTION B – INFORMATION REGARDING JOINT APPLICANT

PORT # \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ ISSUE DATE \_\_\_\_\_ EXP DATE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP + 4 CODE \_\_\_\_\_ DP \_\_\_\_\_ SINCE \_\_\_\_\_ RELATIONSHIP TO APPLICANT (IF ANY) \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

POSITION \_\_\_\_\_ INCOME  PER HOUR  PER WEEK  PER MONTH PREVIOUS EMPLOYER \_\_\_\_\_ DATE OF HIRE \_\_\_\_\_

ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT TO BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.  
 SOURCES OF OTHER INCOME: ALIMONY, CHILD SUPPORT, ETC. \$ \_\_\_\_\_  PER WEEK  PER MONTH

**SECTION C – 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.)**

THE FOLLOWING ARE ALL THE DEBTS OR LOANS I (WE) PRESENTLY OWE, INCLUDING ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS WHICH I AM OBLIGATED TO MAKE:

ATTACH A SEPERATE SHEET IF NECESSARY

NAME OF BANK, COMPANY OR INDIVIDUAL NAME ADDRESS	ACCOUNT NO.	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENTS	COLLATERAL
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> BUYING <input type="checkbox"/> RENTING				
ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENT					
<input type="checkbox"/> SEE ATTACHED DEBT ADDENDUM					
PROJECTED PAYMENT ON THIS LOAN REQUEST				\$	
TOTAL: FIXED PAYMENTS				\$	
DEBT / INCOME RATIO	Monthly Fixed payments \$ _____ divided by Income \$ _____ = RATIO _____				

I (we) certify that everything I (we) have stated in this application and on any attachments is correct to the best of my (our) knowledge. I (we) understand that you will retain this Application whether or not it is approved. By signing below I (we) authorize you to check my (our) credit and employment history and to answer questions about your credit experience with me (us). I (we) understand that I (we) must update credit information at your request if my (our) financial condition changes.

Signature of Applicant \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_

# CREDIT INSURANCE DISCLOSURE

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**Applicant:**

**Lender:**

Century Bank and Trust  
100 West Chicago Street  
Coldwater, MI 49036  
(517) 278-1500

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You have applied to CENTURY BANK AND TRUST for the following loan or other extension of credit:

**CONSUMER**

**CENTURY BANK AND TRUST MAY NOT CONDITION THE LOAN OR OTHER EXTENSION OF CREDIT ON EITHER OF THE FOLLOWING:**

**\*YOUR PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM CENTURY BANK AND TRUST, OR ANY OF ITS AFFILIATES.**

**\*YOUR AGREEMENT NOT TO OBTAIN, OR A PROHIBITION ON YOUR OBTAINING, AN INSURANCE PRODUCT OR ANNUITY FROM AN UNAFFILIATED ENTITY.**

By signing below, I acknowledge that the above disclosures have been made to me orally and in writing at the time I applied for the loan or other extension of credit referred to above.

**APPLICANT:**

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant Date Co-Applicant Date

**LENDER:**

**CENTURY BANK AND TRUST**

X \_\_\_\_\_  
Authorized Signer Date

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