

# 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



Please fill out and submit by email, at your local branch, or by mail.