



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

Member F.D.I.C.



FOR BANK USE ONLY

DATE		ACCOUNT #	
INTEREST RATE		LOAN AMOUNT REQUESTED \$	
NO. OF MONTHS		PMT DATE	

PURPOSE OF LOAN _____

I certify that I have seen the identification documents pertaining to this applicant(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 COLLATERAL: _____

SECTION A – INFORMATION REGARDING APPLICANT

PORT#

FIRST NAME	MIDDLE	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY #
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ARE YOU A US CITIZEN Yes No

PRESENT ADDRESS	CITY	STATE	ZIP + 4 CODE	SINCE
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PREVIOUS ADDRESS	CITY	STATE	ZIP + 4 CODE	E-MAIL ADDRESS
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DRIVER'S LICENSE #	ISSUE DATE	EXP DATE	CELL PHONE	HOME PHONE
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EMPLOYER	ADDRESS	WORK PHONE	SUPERVISOR	DATE OF HIRE
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POSITION	GROSS MONTHLY INCOME	PREVIOUS EMPLOYER	DATE OF HIRE
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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
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SAVINGS ACCOUNT NO.	WHERE	BALANCE	DATE OPEN
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NEAREST RELATIVE	NAME	ADDRESS	RELATIONSHIP	PHONE
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PERSONAL REFERENCE	NAME	ADDRESS	PHONE
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SECTION B – INFORMATION REGARDING JOINT APPLICANT					PORT#
FIRST NAME	MIDDLE	LAST NAME		DATE OF BIRTH	SOCIAL SECURITY #
ARE YOU A US CITIZEN Yes No					
PRESENT ADDRESS		CITY		STATE	ZIP + 4 CODE SINCE
PREVIOUS ADDRESS		CITY		STATE	ZIP + 4 CODE E-MAIL ADDRESS
DRIVER'S LICENSE #		ISSUE DATE	EXP DATE	CELL PHONE HOME PHONE	
EMPLOYER	ADDRESS		WORK PHONE	SUPERVISOR	DATE OF HIRE
POSITION	GROSS MONTHLY INCOME		PREVIOUS EMPLOYER		DATE OF HIRE
<i>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.</i>					
SOURCES OF OTHER INCOME: ALIMONY, CHILD SUPPORT, ETC.					
	\$			<input type="checkbox"/> PER WEEK	<input type="checkbox"/> 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

CREDIT INSURANCE DISCLOSURE

Applicant:

Lender:

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

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