



105 East Cherry Street  
 Vermillion, SD 57069  
 Phone: (605) 677-5214  
 Fax: (605) 677-5449

# CREDIT CARD ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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### 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:**    Weekly    Bi-Weekly    Semi-Monthly    Monthly

### 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 \_\_\_\_\_ Value: \$ \_\_\_\_\_

**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 (605) 677-5214 [callers from outside the (605) area code may call collect], or by writing Us at 105 E Cherry St, Vermillion, SD 57069. Application cost is \$20.**

### APPLICANT OR CO-SIGNER

FIRST NAME		INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER			BIRTHDATE	
CURRENT STREET ADDRESS		APT. NO.	YEARS THERE	
CITY		STATE	ZIP	
MOTHER'S MAIDEN NAME		EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS	
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE 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	
MOTHER'S MAIDEN NAME		EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF CURRENT ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE	
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS	
NAME, ADDRESS AND TELEPHONE OF NEAREST REFERENCE NOT LIVING WITH YOU				

### EMPLOYMENT AND INCOME If self-employed, 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 SALARY	
FORMER EMPLOYER	POSITION	YEARS THERE	

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

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE



**OPTIONAL CREDIT INSURANCE** An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OF THE BOXES BELOW.

- You are interested in Credit Life/Disability Insurance  
 You are not interested in Credit Life/Disability Insurance

**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 Credit Card 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 Card Account Agreement and Federal Disclosure Statement. You will receive a copy of such 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 those deposits established under a governmental approved tax deferral plan such as 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** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Applicant or Co-Signer      Date      Signature of Spouse/Co-Applicant      Date

**LOAN OFFICER**

**OTHER APPROVING SIGNATURES**

ADVANCE APPROVED YES  NO  REFERRED TO CC   
 COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED

ADVANCE APPROVED YES  NO   
 COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED

DESCRIBE COUNTER OFFER			
SPECIFIC REASON(S) FOR REJECTION/APPROVAL			
LOAN OFFICER SIGNATURE	DATE	CREDIT LIMIT \$	ADDITIONAL INFORMATION
CREDIT MANAGER OR OTHER	DATE		
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON		(DATE) BY	