DATE OF APPLICATION	DEPOSIT ACCO	INT #:			PEN-END CREDIT	LOAN APPLICATION
						PLEASE PRINT one and to provide one or more forms or
	requirement. In some instances, we n				provide is protected by our privacy	
Check one: Indiv	du "Credi Line - relying solely on my du "Credi Line - relying on my incon	ricane 19 as well as income from all	nor saultars.	Bornow's	Co-Berrower	10 >
Phasse answer each quest	ion sistingroughty as possible. Provide state for repairment of the credit requ	the following mantal status in	riformation ON	ILY illayou are applying for join	if or secured cred. For you live in a c	community property state or are relying or
Co-Applicant:		Unn safed (including singl				
		erson will be permitted to		count, or if you are relying		or person as a basis for repayment,
	t you are married and reside, or	property you are relying o	on is located		state (provide information abo	ur your spouse).
Name				Name		
Address (include city, state	and zip)	How		Address (include city, state	and zip)	How
		Long		3======================================		Long
Previous Address		How		Previous Address		Howe
		Lon 9				Lo. ng
Home Phone No.	Business Phone No.	Cell Phone No	0.	Home Phone No.	Business Phone No.	Cell Prone No.
Taxpayer ID No.	Birth Case	No. of Dependents		Taxpayer ID No.	Birth Cate	No. of Dependents
Em physic	Position	How	-	Employer	Position/	How
Fortune 1999		Long		Francis A. M.		Lonig
Employer's Address				Employer's Address		
Previous Employer	Position	How		Previous Employer	Position/	How
		Lin g	47			Lo ng
Name of Nearest Relative	Address			Name of Neares1 Relative	Address	
Name of Present Landlord/	Mortgage Holder	Phone No.	_	Name of Present Landlord	Mortgage Holder	Phone No.
	ATT AND TAKEN OF THE PARTY.		-			
Own Rent	No. Rent Mortgage \$			Own Rent	No. Rent/Mortgage \$	
Mile manufic	not list income from alimony, c	hildermoned or encount	مرد والماريون وا	and if iron oth land world it	and the second s	or on the little day bearings their
	gelon: If youdo list such incon					
Source	Amount	Per(Wk, Mo		Source	Amount	Per(Wk, Mo., or Yr.
			8 9 9			
·	and Care Care				AND LANGUAGES LAN	
	OBLIGATIONS		a b Mad a common		OBLIGATIONS	A Francisco
To Whom Paid		st pay toward airmony, Mo. Pay		To Whom Paid	nce. Also list all credit card of Credit Limit	Mo. Payment
TO THIS IT I CALL	Gradit Ellivie	1760, 1 42	THE STATE OF THE S	To Wilding and	Over Ellinne	Mo. 1 dymon.
7						
	- Delay and of					
	ASSETS		- ttt	alla film a trade of the same	ASSETS	
Type	Do not include real estate a	Amount	avinga instr	Type	cash value of life insurance. ,a	Amount
120		7 81180-0218		11,500		7 9370 0310
	## A A V ### A ***					
REAL ESTATE				REAL ESTATE		
1. Location How Held				1. Location How Held		
Nametal of Owned	(s)			Nametal of Owneds).	
Purchase Price \$		Owing \$		Purchase Price \$	Balance (Dwing \$
2, Location				2. Location		
How Held				How Held		
Name(s) of Owner		D. C. S. A.		Name of Owners		National (Control of Control of C
Purchase Price \$	Ballande	Owing \$	NEPALIA	FORMATION	Balance C	Wind 9
If you or co-applicant	or other party answers yes to an		rs; please o	uplain:		
	co-maker of any leases, contract		☐ Yes	□ No.	40	
	iudgments pending against you? ed bankrupt in the last 10 years?		□ No	If yes, state amoun	HΨ	
I certify that every thin	g I have stated in this application	and on any allachments	s is correct.			
		the same of the sa		ers may as klender abou	timy credit record with Lender.	understand that I must update
THE CHOLIMICA WELCH	at Lender's request and if my fin	and the contract cont				
Applicant X		Date: /	II.	Co-Applicant A		Date:////