

LOAN APPLICATION

**Flowers Employees
Credit League**
PO Box 3137
Thomasville, GA 31799

- HOW TO APPLY**
- Please complete red section 1 through 8
 - Sign section 9
 - Return this application to the Credit League or your Human Resources Department

1 NOTE AND COMPLETE Married Applicants may apply for a separate account. Check the appropriate box to indicate individual Credit or Joint Credit.
 Individual Credit: Complete **Applicant** section. Complete **Co-Applicant, Spouse, Guarantor** (referred to as "Other") section: (1) about your spouse if you live in a community property state (AZ,CA,ID,LA,NM,NV,TX,WA,WI), or (2) if your spouse will use the Account, or (3) if there is a guarantor on this account. Please check box to indicate whom the information is about.
 Joint Credit: Provide information about both of you by completing **Applicant** and **Other** section.
Amount Requested \$ _____ **Purpose:** _____
Collateral: _____
Repayment Payroll Deduction: Weekly Biweekly Period Pay

STATEMENT OF INTENT **Single Credit Disability Insurance** **Single Credit Life Insurance** **Check coverage(s) desired. The credit league will disclose the cost of this voluntary insurance to you. A separate insurance election which discloses the terms and conditions must be signed for coverage to become effective.**

2 APPLICANT INFORMATION <i>Please print in ink or type.</i>	APPLICANT		<input type="checkbox"/> CO-APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> GUARANTOR			
	<i>Please print in ink or type.</i>		<i>Use "SAA" if information is "Same As Applicant".</i>			
	Name (Last - First - Initial)		Name (Last - First - Initial)			
	Driver's License Number/State		Driver's License Number/State			
	Account Number	Social Security Number	Account Number	Social Security Number		
	Birth Date / /	Home Phone ()	Business Phone/Ext. ()	Birth Date / /	Home Phone ()	Business Phone/Ext. ()
	Present Address (Street - City - State - Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent		Present Address (Street - City - State - Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
 Years at this address	 Years at this address			
Previous Address (Street - City - State - Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent		Previous Address (Street - City - State - Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent				
..... Years at this address	 Years at this address				
Complete for Joint Credit, Secured Credit or if You Live in a Community Property State: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single-Divorced-Widowed)		Complete for Joint Credit, Secured Credit or if You Live in a Community Property State: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single-Divorced-Widowed)				
List Ages of Dependents not Listed by Other Applicant (Exclude Self)		List Ages of Dependents not Listed by Other Applicant (Exclude Self)				

3 EMPLOYMENT INFORMATION	Name and Address of Employer		Name and Address of Employer			
			
	Your Title/Grade	Supervisor's Name	Your Title/Grade	Supervisor's Name		
	Start Date	Hours at Work	If Self Employed, Type of Business	Start Date	Hours at Work	If Self Employed, Type of Business
	If Employed in Current Position Less Than 5 Years, Complete Previous Employer Name and Address		If Employed in Current Position Less Than 5 Years, Complete Previous Employer Name and Address			
..... Starting Date _____ Ending Date _____	 Starting Date _____ Ending Date _____				
Is Transfer Expected During Next Year <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Transfer Expected During Next Year <input type="checkbox"/> Yes <input type="checkbox"/> No				
Where Ending/Separation Date		Where Ending/Separation Date				

4 REFERENCES <i>Please include Street, City, State and Zip</i>	Name and Address of Creditor(s) of Debts Paid Off Telephone		Name and Address of Creditor(s) of Debts Paid Off Telephone	
	
	Name and Address of Nearest Relative Not Living with You	Relationship	Name and Address of Nearest Relative Not Living with You	Relationship
.....	Home Phone	Home Phone	
Name and Address of Personal Friend-Not a Relative	Home Phone	Name and Address of Personal Friend-Not a Relative	Home Phone	
.....	

CONTINUED ON REVERSE SIDE

APPLICANT

OTHER (CO-APPLICANT, SPOUSE, GUARANTOR)

5 INCOME INFORMATION	Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.		Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.	
	Employment Income \$ _____ per _____ <input type="checkbox"/> Net <input type="checkbox"/> Gross	Other Income \$ _____ per _____ Source _____	Employment Income \$ _____ per _____ <input type="checkbox"/> Net <input type="checkbox"/> Gross	Other Income \$ _____ per _____ Source _____

6 ASSETS	Share Draft or Checking Amount \$ _____	Name and Address of Depository _____	Share Draft or Checking Amount \$ _____	Name and Address of Depository _____
	Savings Amount \$ _____	Name and Address of Depository _____	Savings Amount \$ _____	Name and Address of Depository _____
	Applicant List Home and All Other Items You Own and Location of Property For Example: Auto, Boat, Stocks, Bonds, Cash, Household Goods, Real Estate, etc.			
	<input type="checkbox"/> Other Home		Market Value	Pledged as Collateral for Another Loan
		\$ _____	Yes	No
		\$ _____	Yes	No
		\$ _____	Yes	No

7 DEBTS	Applicant	Creditor Name and Address	Account Number	Original Balance	Present Balance	Monthly Payment	If Past Due
	<input type="checkbox"/> Rent			\$ _____	\$ _____	\$ _____	
	<input type="checkbox"/> Mortgage (Incl. Tax & Ins.)			\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
				Totals	\$ _____	\$ _____	\$ _____

8 FINANCIAL INFORMATION	If a "Yes" Answer is Given to a Question, Explain on an Attached Sheet				Applicant Other			
		Yes	No	Yes	No	Yes	No	
	Do You Have any Outstanding Judgments?							
	Have You Ever Filed for Bankruptcy or Had a Debt Adjustment Plan Confirmed Under Chapter 13?							
	Have You Had Property Foreclosed Upon or Repossessed in the Last 7 Years?							
	Are You a Party in a Lawsuit?							
	Are You Other Than a U.S. Citizen or Permanent Resident Alien?							
	Is Your Income Likely to Decline in the Next Two Years?							
	Are You a Co-Maker, Co-Signer or Guarantor on Any Loan Not Listed Above?							
	For Whom (Name of Others Obligated on Loan): _____							
To Whom (Name of Creditor): _____								

9 SIGNATURES

If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter. You also promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the credit league to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, the credit league will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Leagues or State Chartered Credit Leagues insured by NCUA.

X Applicant's Signature _____ Date _____ **X** Other Signature _____ Date _____

10 CREDIT LEAGUE INFORMATION	Approved \$ _____		Signature _____		Line of Credit _____		Other _____		Debt Ratio _____		
	<input type="checkbox"/> Loan Officer		Advance Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Counter Offer Will Be Made, If Accepted, Advance Approved						
	<input type="checkbox"/> Credit Committee or Other		<input type="checkbox"/> Outside Information Considered: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Attach Additional Sheet and Describe						
	Referred to/Reason(s) for Referral: _____										
	Describe Counter Offer: _____										
	Specific Reason(s) for Rejection: _____										
	Signatures:					Date			Date		
	<input type="checkbox"/> Loan Officer		X _____			X _____					
	<input type="checkbox"/> Credit Committee		X _____			X _____					
	<input type="checkbox"/> ECOA Notice and Reason for Rejection Sent or Delivered on _____					(Date) By _____			(Initials) _____		