

## CHEYENNE STATE BANK

101 West 19th Street • Post Office Box 447 • Cheyenne, Wyoming 82003 307-634-8844 • Fax 307-634-3110

## **CREDIT APPLICATION**

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked

several questions and t	•		ill this requirement. In some in	· ·	ide sources to confirm the				
	information. In		is protected by our privacy po	ilicy and rederal law.					
	IMPORTANT: Che		es below and completed th	e applicable sections.					
☐ INDIVIDUAL CREDIT – relying solely on my income or assets									
☐ JOINT CREDIT – We	e intend to apply for joi	int credit (initials)		<del></del>					
Amount Requested:	For How Long?	Payment Date	Want to Repay:	Proceeds of Loan to	he used for:				
Amount nequested.	TOT HOW LONG:	Desired:	want to Repay.	1 Tocccus of Louit to	Proceeds of Loan to be used for:				
	•	SECTION A - INDIVIDUA	AL APPLICANT INFORMATI	ON					
Name (last, first, middl	e)				Email:				
DOB	Phone No.	DL Number	Social Security No.	No. Dependents	Ages of Dependents				
Address (street, city, st	ate, & zip)	I		Do you:☐ Own	How long?				
				Rent					
Previous Address (stree	et, city, state, & zip) (co	omplete if less than 3 ye	ars at present address)	Do you:□Own □Rent	How long?				
Employer (Company na	ame & address)				How long?				
Business Phone:		Position or Title	Position or Title		Salary per month				
Previous Employer (Co	mpany name & addres		How long?						
Name & Address of nea	arest relative not living	Relationship	Phone Number						
Alimony, Child Support		ance income (optional) reement  Oral Unders	tanding Amount:						
Sources of Other Incom		tanding Amount.	Amount Per Month:						
Is any income listed in	this section likely to be	dit is paid off? (Explain)	Have you previously received credit from us?						
	SECTION	I B – IOINT APPLICAN	T OR OTHER PARTY INF	ORMATION					
Name (last, first, middl				Email:					
(114, 14,	-,								
DOB	Phone No.	DL Number	Social Security No.	No. Dependents	Ages of Dependents				
Relationship to Applicant: Address (street, city, state, & zip		, state, & zip)		,					
Employer (Company na	ame & address)				How long?				
Business Phone:		Position or Title		Salary per month					
Previous Employer (Co	mpany name & addres	s)			How long?				
Alimony, Child Support									
Received under: Court Order Written Agreement Oral Understanding Amount:									
Sources of Other Incom	ne:	Amount Per Month:							
Is any income listed in	this section likely to be	reduced before the cre	dit is paid off? (Explain)	Have you previously	received credit from us?				

## **SECTION D – ASSET & DEBT INFORMATION**

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Another person. Please mark Applicant related information A. If section B was not completed, only give information about the Applicant in this section.

NAME IN WHICH 1	THE ACCT IS CARRIED	SUBJECT TO DEBT?	
	NAME IN WHICH THE ACCT IS CARRIED		VALUE
ACCOUNT #	NAME IN WHICH THE	PRESENT BALANCE	MONTHLY
	ACCT IS CARRIED		PAYMENTS
		Omit rent	
_			
nation about both the Ar	policant and Joint Applican	it or other person (if appli	icable)
		с р с (	, , , , , , , , , , , , , , , , , , , ,
,		amt per month \$	
n any loan or contract?	No Yes for wh	nom? to wh	om?
ou? No Yes	to whom owed?		mount? \$
.0 years? No	Yes Where		_Year?
SECTION E – S	SECURED CREDIT		
or Equipment? (Year, ma	ake, model, explain)		
r	mation about both the Apor Maintenance Payments n any loan or contract? ou? No Yes 10 years? No SECTION E - S	mation about both the Applicant and Joint Applicant or Maintenance Payments? No Yes  n any loan or contract? No Yes for whou? No Yes to whom owed?	ACCT IS CARRIED  Omit rent  Omit rent  Omit rent  Description about both the Applicant and Joint Applicant or other person (if applicant or Maintenance Payments? No Yes  amt per month \$

I/We hereby apply for the loan or credit described in this application. I/we certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/we agree that any property securing the loan or credit will not be used for any illegal or restricted purposes. Lender is authorized to verify with other parties and to make any investigation of my/our account. I/we understand that the Lender will retain this application and any other credit information the lender receives, even if no loan or credit is granted. Theses representations and authorizations extend not only to the lender, but also to any insurer of the loan and to any investor to whom, the lender may sell all or any part of the loan. I/we further authorize the lender to provide to any such insurer or investor any information and documentation that may request with respect to my/our application, credit or loan. By signing below, I authorize the lender to check my credit and employment history and to answer questions others may aske the lender about my credit record with the lender. I understand that I must update my/our credit information at the lenders request if my financial condition changes.

application, credit or loan. By signing below, I authorize	ze the lender to check my credit	or any information and documentation that may reques and employment history and to answer questions othe t information at the lenders request if my financial cond	rs may aske the lender
Applicant's Signature	Date	Co-Applicant's Signature	Date