



FAX COMPLETED APPLICATION TO 574-267-9146

Credit Application			
Important: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION			
<input type="checkbox"/> Check here if you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for the repayment of the credit requested.			
<input type="checkbox"/> Check here if you are applying for joint credit with another person and provide information about the joint applicant.			
We intend to apply for joint credit _____			
Applicant		Co-Applicant	
<input type="checkbox"/> Check here if you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information about the person on whose alimony, child support or income or assets you are relying.			
NAME OF SERVICE PROVIDER		(Physician or Name of Business)	
Amount Requested \$	For How Long	Purpose of Loan	
Individual Applicant Information			
Name (First, Middle, Last)		Social Security No.	Telephone No.
Address (Street, City, State & Zip)		Own/Rent	How Long
Previous Address (If current address is less than 2 years)		Own/Rent	How Long
Employer (Company Name/Address)			How Long
Previous Employer (If employed less than 2 years at current employer)			How Long
Business Phone	Occupation Type		Salary per month \$
Sources of Other Income: Alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			Amount per month \$
Joint Applicant Information			
Name (First, Middle, Last)		Social Security No.	Telephone No.
Address (Street, City, State & Zip)		Own/Rent	How Long
Previous Address (If current address is less than 2 years)		Own/Rent	How Long
Employer (Company Name/Address)			How Long
Previous Employer (If employed less than 2 years at current employer)			How Long
Business Phone	Occupation Type		Salary per month \$
Sources of Other Income: Alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			Amount per month \$



Outstanding Debts			
Creditor Name	Credit Type Mortgage	Monthly Payment \$	Outstanding Balance \$
Creditor Name	Credit Type Car Loan	Monthly Payment \$	Outstanding Balance \$
Creditor Name	Credit Type Credit Card	Monthly Payment \$	Outstanding Balance \$
Creditor Name	Credit Type	Monthly Payment \$	Outstanding Balance \$

The following questions refer to the applicant and co-applicant:

	Applicant:	Co-Applicant:	
A. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Annual Amount \$
B. Have you ever had a car or other merchandise repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Company
C. Have you filed bankruptcy in the past 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Date

Credit Application Disclosure

Privacy Policy Notice: Nonpublic personal information collected about you from this application and other sources, including a credit report, may be disclosed to persons within this institution, or our affiliates, as permitted or required by law.

Fair Credit Reporting Act Notices: If you prefer that we do not disclose nonpublic personal information about you to nonaffiliated third parties, you may opt out of those disclosures. That is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt of disclosures to nonaffiliated third parties, please check the following box:

Applicant Opt Out Co-Applicant Opt Out

A copy of our privacy policy is available upon request. A consumer may obtain a copy of our privacy policy by visiting our financial institution during regular business hours or by calling our telephone number at (574) 267-9191.

**You, as a consumer, have submitted an application for credit. You should know that Lake City Bank may not condition the extension of credit on either:
Your purchase of an insurance product or annuity from Lake City Bank or any of its affiliates; or
Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.**

IMPORTANT APPLICANT INFORMATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Notice of Negative Information: We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

Signatures: I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved by you. By signing below, I authorize you to check my credit and employment history and to answer permissible questions, under the Fair Credit Reporting Act, others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature

Date

Co-Applicant's Signature

Date
