



Great American Bank

445 East U.S. Highway 69 • Kansas City, Missouri 64119-3176

Credit Application

TYPE OF CREDIT REQUESTED

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.

- SECURED INDIVIDUAL CREDIT – relying solely on my income or assets
 UNSECURED INDIVIDUAL CREDIT – relying on my income or assets as well as income or assets from other sources
 JOINT CREDIT – I am applying for joint credit _____ (please initial)

AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY	PROCEEDS OF LOAN TO BE USED FOR:
\$			<input type="checkbox"/> MONTHLY <input type="checkbox"/>	

SECTION A – INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)			BIRTHDATE / /	HOME PHONE ()	WORK PHONE Ext. ()	
If U.S. Person:	Drivers License (or State ID) No.	STATE	Date of Issue / /	Date of Expiration / /	Social Security (Tax ID) #	
If NON-U.S. Person:	Drivers License (or State ID) No.	STATE	Date of Issue / /	Date of Expiration / /	Social Security (Tax ID) #	
Passport No.	County of Issue	Taxpayer ID No.	No Taxpayer ID No., but filed for application on (date):	Government Issued Document No.	County of Issue	
ADDRESS (Street, City, State & Zip)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
EMPLOYER (Company Name & Address)			POSITION OR TITLE	SALARY PER MONTH		HOW LONG
PREVIOUS EMPLOYER (Company Name & Address)				Gross \$	Net \$	HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (and Area Code) ()		
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.						
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding						
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes – When?		

SECTION B – JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: (a) for joint credit, (b) for individual credit relying on income or assets from other sources, or (c) applicant is married and resides in a community property state.

NAME (Last, First, Middle)			BIRTHDATE / /	HOME PHONE ()	WORK PHONE Ext. ()	
If U.S. Person:	Drivers License (or State ID) No.	STATE	Date of Issue / /	Date of Expiration / /	Social Security (Tax ID) #	
If NON-U.S. Person:	Drivers License (or State ID) No.	STATE	Date of Issue / /	Date of Expiration / /	Social Security (Tax ID) #	
Passport No.	County of Issue	Taxpayer ID No.	No Taxpayer ID No., but filed for application on (date):	Government Issued Document No.	County of Issue	
RELATIONSHIP TO APPLICANT (If Any)	PRESENT ADDRESS (Street, City, State & Zip)				HOW LONG	
EMPLOYER (Company Name & Address)	POSITION OR TITLE		SALARY PER MONTH		HOW LONG	
PREVIOUS EMPLOYER (Company Name & Address)		Gross \$	Net \$	HOW LONG		
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.						
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding						
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes – When?		

SECTION C – MARITAL STATUS

Complete only if: (a) for joint or secured credit, or (b) applicant resides in a community property state, or (c) is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

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 Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this section.

ASSETS OWNED (PLEASE FILL OUT COMPLETELY. Use separate sheet if necessary.)		
DESCRIPTION OF ASSETS	OWNER(S) OF ASSET	VALUE OF ASSET
CHECKING ACCOUNT NUMBER(S) (Where)		\$
SAVINGS ACCOUNT NUMBER(S) (Where)		\$
CERTIFICATE OF DEPOSIT (Where)		\$
MARKETABLE SECURITIES (Issuer, type, no. of shares)		\$
REAL ESTATE (location, date acquired)		\$
LIFE INSURANCE (Issuer, face value)		\$
AUTOMOBILES (make, model, year)		\$
OTHER (list)		\$
TOTAL ASSETS		\$

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgage, and other obligations. Use separate sheet if necessary.)					
CREDITOR	ACCOUNT NUMBER	NAME ACCOUNT CARRIED IN	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
LANDLORD or MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(Omit Rent) \$	(Omit Rent) \$	\$
AUTOMOBILES (make, model, year)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support, or Maintenance Payments? No Yes

If yes, to (Name & Address) _____ Amount per month \$ _____

Are you a co-maker, endorser, or guarantee on any loan or contract? No Yes If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount \$ _____

Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

SECTION E – SECURED CREDIT

Please describe, in as much detail as possible, the collateral offered (i.e., value, year, mileage, etc.).

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).

Credit Disclosures: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal DEPOSIT Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

SIGNATURES I certify that everything I have below, I authorize Great American Bank (GAB) to check my credit stated in this application and on any attachments is correct. GAB may keep this application whether or not it is approved. By signing and employment history and to answer questions others may ask GAB about my credit record with you. I understand that I must update credit information at GAB's request if my financial condition changes.

Applicant's Signature _____ Date _____ Other Signature (Where Applicable) _____ Date _____

