

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

7 Widger Rd., Marblehead, MA 01945

TIC	Spouse/Co-Ap		
	ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
			,

781-631-7356 • Fax: 781	-639-87	17														
Applicant Information PRINT OR TYPE ALL INFORMATION Spouse/Co-Applicant Information																
1. If You live in a communi	ity prop	erty state, ar	e You:				4. Complete Spouse			•		:				
☐ Married ☐ Separate		Unmarried (ingle, Divorce	ed and	l Widowed)	a. This is for joint credit with Your Spouse or other Co-Applicant; b. Your Spouse will use Your Account;									
							c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or									
2. Married applicants can apply for individual credit. Indicate if You would like:							 d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico). 									
☐ Individual Credit ☐ J	oint Cre	dit with Your	Spouse/Co	-Applicant			5. Definitions:									
3. Method of Payment:	Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.															
Credit Applied For:																
Type of credit Amount Requested \$																
					Collateral Offered											
Purpose Collateral Offered																
☐ APPLICANT	\Box C	O-SIGNE	ER/GU	ARANTO	R		SPOUSE/CO-APPLICANT									
FIRST NAME		INITIAL	LAST N	AME			FIRST NAME INITIAL				LAST	LAST NAME				
SOCIAL SECURITY NUMBER					BIF	RTHDATE	SOCIAL SECURITY NUI	1BER					BIRT	THDATE		
CURRENT STREET ADDRESS				APT. NO.	YE	ARS THERE	CURRENT STREET ADI	RESS				APT. NO.	YEA	RS THERE		
CITY				STATE	ZIF	•	CITY STATE				STATE	ZIP				
EMAIL ADDRESS							EMAIL ADDRESS									
FORMER ADDRESS (COMPLETE	IF PREVIO	OUS ADDRESS IS	LESS THAN	2 YEARS)		YEARS THERE	FORMER ADDRESS (Co	MPLETE I	IF PREVIOUS ADD	DRESS IS LES	SS THAN	I 2 YEARS)		YEARS THERE		
DO YOU:		HOME TELEPH	IONE	NO. OF DEI	A LAGI	ES OF DEPENDENTS	DO YOU:		HOME	TELEPHONE		NO. OF DEP.	AGES	S OF DEPENDENTS		
OWN RENT OTHER			NO. OF BEI	. AGI	LO OF BEFENDENTO		OWN RENT OTHER			110.01.52			OF DEFENDENTS			
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU					_ l		NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU					G WITH YOU				
EMPLOYMENT A				ployed, attacl		icial statement or i										
CURRENT EMPLOYER (INCLUDE	CURRENT EMPLOYER	INCLUDE	EMPLOYEE I.D. II	- APPLICABLI	E)		EMF	PLOYMENT DATE								
ADDRESS/CITY/STATE/ZIP				SUPERVISOR	S NAMI	E	ADDRESS/CITY/STATE	ADDRESS/CITY/STATE/ZIP			SUP			ME		
WORK TELEPHONE	POSITI	ON		MO. GROS		D. GROSS INCOME	WORK TELEPHONE		POSITION				MO.	GROSS INCOME		
													<u> </u>			
FORMER EMPLOYER POSITION		POSITION				YEARS THERE	FORMER EMPLOYER		POS	POSITION				YEARS THERE		
OTHER INCOME	You nee	ed not list inco	me from a	limony, child	suppo	ort or separate ma	ntenance payments unle	s You w	ant it consider	ed in evalu	ating t	his credit appli	catior	٦.		
TYPE OF OTHER INCOME				MON	THLY A	MOUNT	TYPE OF OTHER INCO	ИE				MONTHL	Y AMO	UNT		
NAME AND ADDRESS OF PAYER							NAME AND ADDRESS (E DAVED								
NAME AND ADDRESS OF PATER							NAME AND ADDRESS (FPATER								
ASSETS AND DEPOSITS Attach a separate sheet if necessary.																
DESCRIPTION ACCOUNT NUMBER/TYPE					BALANCE/VALUE	DESCRIPTION			ACCOUNT NUMBER/TYPE			BALANCE/VALUE				
											T	_				
					-											
					+					+						
					+											

CREDIT		DIT	INFORMATION Please list all open accounts with	separate sheet if necessary		t/Co-Signer/Guan		ouse	/Co-A	pplica	nτ								
	CHECK LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOAD C D								ACCOUNT NUMBER	INTEREST RATE	BALANCE		MONTHLY PAYMENT						
													+						
						ı													
Please answer the following questions. If a yes answer is given, explain on attached sheet. $ \begin{vmatrix} A & C \\ {}_{YES} & _{NO} \end{vmatrix}_{YES} _{NO} $									OTAL						C				
Have You filed a petition for bankruptcy in the last 10 years?									Please Check: A=Applicant/Co-Signer/Guarantor C=Co-Applicant A										
			u ever had any auto, furniture or property repossessed?				_		6. Have You any Obligations not listed?										
3.			a co-maker or co-signer on any loan?						7. Do You have any past due bills?										
For Whom Amount \$ 4. Have You ever had credit in any other name?							+		Is any income You have listed likely to reduce in the next 2 years? Indicate immigration status:										
4.	Wha		•						9. Indicate Immigration status: Applicant □ U.S. Citizen □ Permanent U.S. Resident □ Other □										
5.			u any suits pending, judgments filed, alimony or awards against You?						Co-Applicant U.S. Citizen Permanent U.S. Resident Other										
0	- ' '		NAL DEBT PROTECTION An appropriate a	annlic	ation	/die	clos	ure wi	ill he furnished at the t	ime Your credi	t is annroyed								
									THE BOXES BELOV										
									ebt Protection Coveraç	•									
☐ You are not interested in Debt Protection Coverage																			
S	IGN	IAT	TURES																
You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement prior to the time of Your first advance, and You promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. If You are issued an ATM or debit card, by signing below, You grant and consent to a lien on Your shares with Us (except those deposits established under a governmental approved tax deferral plan such as IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid Overdraft Line of Credit balance created through the use of Your ATM or debit card.																			
You hereby acknowledge Your intent to apply for joint credit Applicant's Initials Co-Applicant's Initials																			
	X Sign	ature	e of Applicant/Co-Signer/Guarantor Date						X Signature of Spouse/Co-A	pplicant		Date			—				
LOAN OFFICER OTHER APPROVING SIGNATURES																			
ADVANCE APPROVED YES NO								ADVANCE APPROVED YES NO											
COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED									☐ COUNTER	OFFER WILL BE	MADE. IF ACC	EPTED, LOAN /	APPF	ROVE)				
_			COUNTER OFFER REASON(S) FOR REJECTION/APPROVAL																
· · · · · · · · · · · · · · · · · · ·									CREDIT LIMIT \$		ADDITIONAL INF	FORMATION							
CI	REDI	ΓМА	NAGER OR OTHER DATE	:					DEBT TO INCOME RATI	0									
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