

INTERVIEWER INFORMATION

Originator Name

Phone Number

Ext.

Originator NMLSR Identifier

Originator License State and Number

Company Name

Company NMLSR Identifier

Company License State and Number

Company Address (street, city, state, ZIP)

TYPE OF CREDIT REQUESTED
(applies to business and consumer credit)

Please check to indicate the type of credit you are requesting:

Secured

Unsecured

Individual Credit – relying solely on my income and assets

Individual Credit – relying on my income and assets as well as income and assets of another

Joint Credit – we intend to apply for joint credit.

Date

Signature

Date

Signature

Application taken by phone

Date

Signature

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

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Consumer Date

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Consumer Date