



929 Eastside Street S.E.
 P.O. Box 2526
 Olympia, WA 98507-2526
 (800) 672-7211
 (360) 357-5660

MASTER APPLICATION- MUST BE COMPLETED IN INK

NOTICE TO MARRIED APPLICANTS: YOU HAVE THE RIGHT TO APPLY FOR A SEPARATE ACCOUNT IN YOUR NAME.

CHECK TYPE OF CREDIT REQUESTED

- Individual Credit:** Complete sections A, B, D, E and F if only the applicant's income is considered for loan approval. Complete sections A, B, C, D, E and F (1) if you 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, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI.
- Joint Credit:** Complete sections A, B, C, D, E and F if your co-applicant will be contractually liable for repayment of the loan and initial below:
 We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

I/WE WOULD LIKE A LOAN OF \$	FOR THE FOLLOWING PURPOSE	SECURITY OFFERED	ACCOUNT NUMBER
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Platinum VISA: Individual Joint Number of Cards: _____ If Authorized User, Name: _____

SEE IMPORTANT INFORMATION ABOUT CREDIT CARDS

A. APPLICANT'S PERSONAL INFORMATION

CHECK ONE IF YOU RESIDE IN OR ARE RELYING ON PROPERTY IN A COMMUNITY PROPERTY STATE OR IF YOU ARE APPLYING FOR OTHER THAN INDIVIDUAL UNSECURED CREDIT: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED		NAME (First, Middle Initial, Last)	DATE OF BIRTH	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State, Zip)		HOW LONG?	HOME PHONE NUMBER	AGES OF DEPENDENTS
PREVIOUS ADDRESS (If present address is less than two years) (Street, City, State, Zip)		HOW LONG?	DRIVER'S LICENSE NO. AND STATE	

B. INFORMATION REGARDING APPLICANT

PRESENT EMPLOYER	EMPLOYER'S ADDRESS (City, State, Zip)		EMPLOYMENT LENGTH
OCCUPATION	SUPERVISOR'S NAME	WORK PHONE AND EXT.	MONTHLY GROSS PAY \$
PREVIOUS EMPLOYER	ADDRESS (Street, City, State, Zip)	HOW LONG?	OCCUPATION
OWN OR RENT	PAYMENT AMOUNT \$	DATE PURCHASED	PURCHASE PRICE \$
OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.		SOURCE OF OTHER INCOME	AMOUNT \$
			TOTAL MONTHLY INCOME \$

C. INFORMATION REGARDING **CO-APPLICANT** **NON-APPLICANT SPOUSE/OTHER** **GUARANTOR**

NAME (First, Middle Initial, Last)	DATE OF BIRTH	DRIVER'S LICENSE NO. AND STATE	SOCIAL SECURITY NO.
STREET ADDRESS (Street, City, State, Zip)	HOME PHONE NUMBER	OCCUPATION	MONTHLY GROSS PAY \$
PRESENT EMPLOYER'S NAME AND ADDRESS (City, State, Zip)	EMPLOYMENT LENGTH	WORK PHONE AND EXT.	
OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.		SOURCE OF OTHER INCOME	AMOUNT \$
			TOTAL MONTHLY INCOME \$

D. LIST ALL EXISTING DEBTS OF APPLICANT (AND CO-APPLICANT, NON-APPLICANT SPOUSE /OTHER IF ANY PART OF SECTION C IS APPLICABLE)

NAME AND ADDRESS OF CREDITOR	PURPOSE OR ACCT. #	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

DO NOT OMIT ANY DEBTS! IF MORE SPACE IS NEEDED, USE SEPARATE SHEET. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

If you answer "yes" to any of these Questions, provide details on page 2.	ARE ANY OF YOUR DEBTS PAST DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER HAD YOUR AUTO, FURNITURE OR PROPERTY REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU OR YOUR CO-APPLICANT EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY A CO-MAKER ON A LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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CONTINUE APPLICATION ON PAGE 2 – SIGN PAGE 2 OF THE APPLICATION BEFORE SUBMITTING

E. FINANCIAL INFORMATION AND REFERENCES

BANK NAME		TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> CD'S		BANK NAME		TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> CD'S	
NAME OF RELATIVE NOT LIVING WITH YOU		NAME (Last, First, Initial)		PRESENT ADDRESS (Street, City, State, Zip)		PHONE NUMBER	
PERSONAL REFERENCE NOT RELATED TO APPLICANT		NAME (Last, First, Initial)		PRESENT ADDRESS (Street, City, State, Zip)		PHONE NUMBER	

F. INSURANCE INFORMATION

Credit Life and Credit Disability Insurance is available to protect your loan. Credit Life Insurance can reduce or pay off your loan if you die. Credit Disability Insurance can help make your loan payments if you should become disabled and unable to work.

- I am interested in applying for the insurance coverage(s) checked below. I understand that this is not an application for insurance. This insurance is voluntary and is not a condition for approval of my loan or credit plan. I understand that the cost will be disclosed on my Truth-in-Lending Disclosure Statement. Insurance coverage will become effective after I apply and meet the eligibility requirements of the group policies when my loan or credit plan is approved.
- I would like information on the insurance coverage(s) checked below.

<input type="checkbox"/> Single Credit Life	<input type="checkbox"/> Joint Credit Life	<input type="checkbox"/> Credit Disability
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LOAN APPLICATION SIGNATURES

PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT X	DATE
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SIGNATURE OF CO-APPLICANT X	DATE
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HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

ADDITIONAL COMMENTS

FOR CREDIT UNION USE ONLY

LOAN OFFICER: APPROVED REJECTED REFERRED TO CREDIT COMMITTEE

REASON

LOAN OFFICER'S SIGNATURE _____ DATE _____

X

CREDIT COMMITTEE: APPROVED REJECTED

REASON

CREDIT COMMITTEE'S SIGNATURE _____ DATE _____ _____ DATE _____

X **X** **X**

ECOA NOTICE SENT OR DELIVERED ON _____ BY _____