

**C-E Federal Credit Union**

7002 Fauna Street  
Houston, TX 77061  
(713) 645-4961

**CREDIT LINE ACCOUNT  
AND PERSONAL LOAN APPLICATION**

|                            |                               |      |
|----------------------------|-------------------------------|------|
| ACCOUNT NUMBER - APPLICANT | ACCOUNT NUMBER - CO-APPLICANT | DATE |
|----------------------------|-------------------------------|------|

|  |  |
|--|--|
| <p><b>Applicant Information</b> PRINT OR TYPE ALL INFORMATION</p> <p>1. If You live in a community property state, are You:<br/> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed)</p> <p>2. Married applicants can apply for an individual loan. Indicate if You want an:<br/> <input type="checkbox"/> Individual Loan <input type="checkbox"/> Joint Loan with Your Spouse/Co-Applicant</p> <p>3. Method of Payment:<br/> <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Share Transfer <input type="checkbox"/> Cash Payment</p> <p>4. Frequency of Payment: <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____</p> | <p><b>Spouse/Co-Applicant Information</b></p> <p>5. Complete Spouse/Co-Applicant Information only if:<br/> a. This is for a joint account with Your Spouse or other Co-Applicant.<br/> b. Your Spouse will use Your Account.<br/> c. You are relying on Your Spouse's income as a source of repayment for the credit requested.<br/> d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico).</p> <p>6. Definitions:<br/> 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.</p> |
|--|--|

**Open-End Credit Applied For:**

\_\_\_\_\_ - Limit Desired \$ \_\_\_\_\_

\_\_\_\_\_ - Limit Desired \$ \_\_\_\_\_

\_\_\_\_\_ - Limit Desired \$ \_\_\_\_\_

\_\_\_\_\_ - Limit Desired \$ \_\_\_\_\_

Other \_\_\_\_\_

**Closed-End Credit Applied For:**

Type:  New Auto  Used Auto  Signature

Other (specify) \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Length of Repayment Mos. \_\_\_\_\_

Purpose \_\_\_\_\_

Collateral Offered \_\_\_\_\_

APPLICANT  CO-SIGNER  GUARANTOR

**SPOUSE/CO-APPLICANT**

|  |                       |   |
|--|-----------------------|---|
| FIRST NAME   | INITIAL               | LAST NAME                               |
| SOCIAL SECURITY NUMBER   |                       | BIRTHDATE                               |
| CURRENT STREET ADDRESS   | APT. NO.              | SINCE (MO. YR.)                         |
| CITY   | STATE                 | ZIP                                     |
| EMAIL ADDRESS  |                       | CELL PHONE<br>( )                       |
| FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)                                       |                       | YEARS THERE                             |
| DO YOU:<br><input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD | HOME TELEPHONE<br>( ) | NO. OF DEPENDENTS<br>AGES OF DEPENDENTS |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU                                      |                       |   |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU                                      |                       |   |

|  |                       |   |
|--|-----------------------|---|
| FIRST NAME   | INITIAL               | LAST NAME                               |
| SOCIAL SECURITY NUMBER   |                       | BIRTHDATE                               |
| CURRENT STREET ADDRESS   | APT. NO.              | SINCE (MO. YR.)                         |
| CITY   | STATE                 | ZIP                                     |
| EMAIL ADDRESS  |                       | CELL PHONE<br>( )                       |
| FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)                                       |                       | YEARS THERE                             |
| DO YOU:<br><input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> PAY BOARD | HOME TELEPHONE<br>( ) | NO. OF DEPENDENTS<br>AGES OF DEPENDENTS |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU                                      |                       |   |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU                                      |                       |   |

**EMPLOYMENT AND INCOME** If self-employed or retired, attach financial statement or income tax returns.

|  |                        |
|--|------------------------|
| CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) | EMPLOYMENT DATE        |
| ADDRESS/CITY/STATE/ZIP                                 |                        |
| WORK TELEPHONE<br>( )                                  | POSITION               |
|  | MO. GROSS INCOME<br>\$ |

|  |                        |
|--|------------------------|
| CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) | EMPLOYMENT DATE        |
| ADDRESS/CITY/STATE/ZIP                                 |                        |
| WORK TELEPHONE<br>( )                                  | POSITION               |
|  | MO. GROSS INCOME<br>\$ |

**OTHER INCOME** You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

|                           |                      |
|---------------------------|----------------------|
| TYPE OF OTHER INCOME      | MONTHLY AMOUNT<br>\$ |
| NAME AND ADDRESS OF PAYER |                      |

|                           |                      |
|---------------------------|----------------------|
| TYPE OF OTHER INCOME      | MONTHLY AMOUNT<br>\$ |
| NAME AND ADDRESS OF PAYER |                      |

**ASSETS AND DEPOSITS** Attach a separate sheet if necessary.

| BANK (OR OTHER) NAME & ADDRESS              | ACCOUNT NO.    | INTEREST RATE | APPROX. BAL. |
|---|----------------|---------------|--------------|
|   |                |               |              |
|   |                |               |              |
|   |                |               |              |
| CAR 1 - YR. - MAKE - MODEL                  | BALANCE OWED   |               |              |
|   | \$             |               |              |
| CAR 2 - YR. - MAKE - MODEL                  | BALANCE OWED   |               |              |
|   | \$             |               |              |
| HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED | PURCHASE PRICE | APPROX. VALUE |              |
|   | \$             | \$            |              |

| BANK (OR OTHER) NAME & ADDRESS              | ACCOUNT NO.    | INTEREST RATE | APPROX. BAL. |
|---|----------------|---------------|--------------|
|   |                |               |              |
|   |                |               |              |
|   |                |               |              |
| CAR 1 - YR. - MAKE - MODEL                  | BALANCE OWED   |               |              |
|   | \$             |               |              |
| CAR 2 - YR. - MAKE - MODEL                  | BALANCE OWED   |               |              |
|   | \$             |               |              |
| HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED | PURCHASE PRICE | APPROX. VALUE |              |
|   | \$             | \$            |              |

**CREDIT INFORMATION** Please list all open accounts with or without a balance. Attach separate sheet if necessary.

| PLEASE CHECK<br>A C D    |                          |                          | OBLIGATIONS | LENDER (OR OTHER) NAME & ADDRESS<br>LIST ALL OBLIGATIONS AND CREDIT UNION LOANS | ACCOUNT NUMBER | INTEREST RATE | ORIGINAL AMOUNT | BALANCE | MONTHLY PAYMENT |
|--------------------------|--------------------------|--------------------------|-------------|---|----------------|---------------|-----------------|---------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |             |   |                |               |                 |         |                 |

|   |  |  |  |   |                          |  |  |                          |                          |
|---|--|--|--|---|--------------------------|--|--|--------------------------|--------------------------|
| <b>Please answer the following questions. If a yes answer is given, explain on an attached sheet.</b> |  |  |  | A Yes No C Yes No   |                          | <b>TOTALS</b>  |  | \$                       | \$                       |
| 1. Have You filed a petition for bankruptcy in the last 14 years?                                     |  |  |  | <input type="checkbox"/>  | <input type="checkbox"/> | Please Check: A = Applicant C = Spouse/Co-Applicant  |  | A Yes No                 | C Yes No                 |
| 2. Have You ever had any auto, furniture or property repossessed?                                     |  |  |  | <input type="checkbox"/>  | <input type="checkbox"/> | 6. Have You any obligations not listed?  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are You a co-maker or co-signer on any loan?<br>For Whom _____ Amount \$ _____                     |  |  |  | <input type="checkbox"/>  | <input type="checkbox"/> | 7. Do You have any past due bills?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have You ever had credit in any other name?<br>What Name _____                                     |  |  |  | <input type="checkbox"/>  | <input type="checkbox"/> | 8. Is any income You have listed likely to reduce in the next two years?   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have You any suits pending, judgments filed, alimony or support awards against You?                |  |  |  | <input type="checkbox"/>  | <input type="checkbox"/> | 9. Indicate immigration status:  |  |                          |                          |
|   |  |  |  | Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ |                          | Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ |  |                          |                          |

**OPTIONAL CREDIT INSURANCE**

Credit Life and/or Credit Disability Insurance are not required to obtain credit under this plan and, for Credit Line Accounts, will be included only if requested immediately below by the APPLICANT. The insurance rates for Credit Line Accounts are shown below. For Credit Line Accounts, the insurance charge is calculated each month by multiplying the outstanding balance of the Account on the last day of that month by the rate shown. For Closed-End loans, the total insurance premium will be calculated and disclosed to You separately.

**Monthly Premium Rates per \$1000 of Outstanding Balance for Credit Line Accounts - You must CHECK ONE OR MORE of the boxes below.**

CREDIT LIFE: Single Coverage - \$ \_\_\_\_\_  Yes  No Joint Coverage - \$ \_\_\_\_\_  Yes  No

CREDIT DISABILITY (Primary Borrower Only): Single Coverage - \$ \_\_\_\_\_  Yes  No

**Closed-End Loan Applicants - You must CHECK ONE OR MORE of the boxes below.**

You are interested in Credit Disability Insurance — single coverage  You are interested in Credit Life Insurance — single coverage  joint coverage

You are not interested in Credit Insurance

**NOTE:** For Closed-End loans, an appropriate disclosure will be furnished if Your credit is approved. If this application is for a Credit Line Account and You are applying for Credit Insurance, You authorize Us to add the required premiums to Your Account, charge a Finance Charge on the premiums at the rate which applies to Your Account, and forward such premiums to the Insurance Company.

SIGNATURE OF APPLICANT  X

**SIGNATURES**

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 and 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.

You hereby acknowledge Your intent to apply for joint credit \_\_\_\_\_  
Applicant's Initials Co-Applicant's Initials

|   |            |  |            |
|---|------------|--|------------|
| APPLICANT OR CO-SIGNER<br>SIGNATURE _____ | DATE _____ | SPOUSE/CO-APPLICANT<br>SIGNATURE _____ | DATE _____ |
|---|------------|--|------------|

|  |            |  |  |
|--|------------|--|--|
| <b>LOAN OFFICER</b>  |            | <b>CREDIT MANAGER OR OTHER</b>   |  |
| LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO CC<br><input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED. |            | LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED. |  |
| DESCRIBE COUNTER OFFER:  |            |  |  |
| SPECIFIC REASON(S) FOR REJECTION/APPROVAL:   |            |  |  |
| LOAN OFFICER SIGNATURE _____   | DATE _____ | ADDITIONAL INFORMATION:  |  |
| CREDIT MANAGER OR OTHER _____  | DATE _____ |  |  |
| <input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON _____   |            | (DATE) BY _____  |  |