

CREDIT APPLICATION

Check Account Choice...

Individual Account
 Joint Account with Co-Applicant
 We intend to apply for joint credit. (Initials) _____



Credit Limit Requested: \$ _____

APPLICANT

Last Name		First		Middle Initial	Social Security Number			
Street Address		PO Box	City		State	Zip Code	How Long? (Years)	
Date of Birth	No. of Dependents	Home Telephone		Cell Phone		Own Home <input type="checkbox"/>	Rent <input type="checkbox"/>	Monthly Payment
Employer		Address/City		Employer Telephone		Occupation/Job Title	Gross Monthly Income	
How Long At Current Employer	Source of Additional Income*		Amount per Month		Personal Email Address			

*You do not need to furnish alimony, child support or maintenance income information if you do not want us to consider it in evaluating your application.

CO-APPLICANT

Last Name		First		Middle Initial	Social Security Number			
Street Address		PO Box	City		State	Zip Code	How Long? (Years)	
Date of Birth	No. of Dependents	Home Telephone		Cell Phone		Own Home <input type="checkbox"/>	Rent <input type="checkbox"/>	Monthly Payment
Employer		Address/City		Employer Telephone		Occupation/Job Title	Gross Monthly Income	
How Long At Current Employer	Source of Additional Income*		Amount per Month		Personal Email Address			

*You do not need to furnish alimony, child support or maintenance income information if you do not want us to consider it in evaluating your application.

CREDIT INFORMATION

Bank Name	Address	City	State	Zip Code
Checking Account Number and Name Listed			Savings Account Number and Name Listed	

Name and Address of Creditor	Name Under Which Account is Carried	Balance	Monthly Payment
1. Automobile			
2. Home Mortgage			
3. Bank Name and Address			
4.			

REQUEST TO CLOSE EXISTING CREDIT CARD ACCOUNTS AND TRANSFER BALANCE

I wish to close my present credit card account(s) listed below and transfer the balance to my new credit card account with Iowa State Savings Bank. I understand that the unpaid balance on my credit card account being transferred must be within the credit line available on my new account. (Please provide a copy of your most recent statement.)

MasterCard Account Number _____ Visa Account Number _____ Other _____

_____ / _____ / _____
Applicant Signature **Co-Applicant Signature** **Date**

SIGNATURES

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING. The undersigned give this information for the purpose of obtaining credit, certify that it is true and complete, authorize you to verify it, obtain additional information and to furnish credit information to others concerning my credit standing. By signing below, the undersigned agree to be bound by the credit card agreement summarized herein, and issued in full with the credit card. This offer of credit is subject to the credit approval standards of Iowa State Savings Bank, Knoxville, Iowa.

_____ / _____ / _____
Applicant Signature **Co-Applicant Signature** **Date**