



60 Westwood Road
Pottsville, PA 17901-1834
Phone: (570) 622-3399
Fax: (570) 622-5801

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:
- ☐ Married ☐ Separated ☐ Unmarried (Includes Single, Divorced and Widowed)
2. Married applicants can apply for individual credit. Indicate if You would like:
- ☐ Individual Credit ☐ Joint Credit with Your Spouse/Co-Applicant
3. Method of Payment: ☐ Payroll Deduction ☐ Automatic Share Transfer ☐ Cash Payment

Spouse/Co-Applicant Information

4. Complete Spouse/Co-Applicant Information only if:
- 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
d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).
5. Definitions:
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 \$
Purpose	Collateral Offered

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (570) 622-3399 [callers outside the (570) area code may call collect], or by writing to Us at 60 Westwood Road, Pottsville, PA 17901-1834.

APPLICANT

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME TELEPHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

SPOUSE/CO-APPLICANT/CO-SIGNER/GUARANTOR

FIRST NAME	INITIAL	LAST NAME
SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE
CITY	STATE	ZIP
EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)		YEARS THERE
DO YOU: <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	HOME TELEPHONE	NO. OF DEP. AGES OF DEPENDENTS
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU		

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

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		SUPERVISOR'S NAME
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)		EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		SUPERVISOR'S NAME
WORK TELEPHONE	POSITION	MO. GROSS INCOME
FORMER EMPLOYER	POSITION	YEARS THERE

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
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

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A=Applicant/Co-Signer/Guarantor C=Spouse/Co-Applicant
D=Debts to be paid off if loan is granted.

[illegible]



An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK ONE OF THE BOXES BELOW.

You are interested in Debt Protection Coverage ☐

You are not interested in Debt Protection Coverage ☐

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 a Credit 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 Credit Card balance.**

☒  _____ Date _____
 ☒  _____ Date _____

LOAN OFFICER		OTHER APPROVING SIGNATURES	
ADVANCE APPROVED YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED		ADVANCE APPROVED YES <input type="checkbox"/> NO <input type="checkbox"/> <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	CREDIT LIMIT \$	ADDITIONAL INFORMATION
CREDIT MANAGER OR OTHER	DATE	DEBT TO INCOME RATIO	
<input type="checkbox"/> ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER-OFFER SENT OR DELIVERED ON _____ (DATE) BY _____			