

Itasca Bank & Trust Co.

308 West Irving Park Road • Itasca, Illinois 60143

APPLICATION FOR CREDIT

CENSUS TRACT:
ZIP CODE:

IMPORTANT: Read these Directions before completing this Application

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections I and IV. If the requested credit is to be secured, also complete the first part of Section III.
- If you are applying for joint credit with another person, complete all Sections, providing information in Section II about the joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income of assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in II about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

AMOUNT REQUESTED	NO. OF MONTHS	PURPOSE
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SECTION I - APPLICATION

GENERAL	FULL NAME			NO. OF DEPENDENTS OTHER THAN SELF
	LIST ANY OTHER NAME(S) UNDER WHICH YOU HAVE OBTAINED CREDIT			
	HOME ADDRESS		ZIP CODE	TIME AT PRESENT ADDRESS
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NO.	TELEPHONE
	PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN TWO YEARS)			HOW LONG THERE
	NEAREST RELATION (NOT LIVING WITH YOU)	RELATIONSHIP	ADDRESS	TELEPHONE
EMPLOYMENT	EMPLOYER		EMPLOYER ADDRESS	
	HOW LONG THERE	SALARY \$	<input type="checkbox"/> MONTH <input type="checkbox"/> WEEK	OCCUPATION OR POSITION
	PREVIOUS EMPLOYER		ADDRESS	HOW LONG THERE
	PREVIOUS EMPLOYER		ADDRESS	HOW LONG THERE
	INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY UPON IT AS A BASIS FOR REPAYING THIS OBLIGATION.			
	OTHER INCOME SOURCE:	MONTHLY AMOUNT:	SOURCE:	MONTHLY AMOUNT:
DO YOU MAKE ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT _____				

SECTION II - JOINT APPLICATION OR OTHER PARTY

GENERAL	FULL NAME			NO. OF DEPENDENTS OTHER THAN SELF
	LIST ANY OTHER NAME(S) UNDER WHICH YOU HAVE OBTAINED CREDIT			
	HOME ADDRESS		ZIP CODE	TIME AT PRESENT ADDRESS
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NO.	TELEPHONE
	PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN TWO YEARS)			HOW LONG THERE
	NEAREST RELATION (NOT LIVING WITH YOU)	RELATIONSHIP	ADDRESS	TELEPHONE
EMPLOYMENT	EMPLOYER		EMPLOYER ADDRESS	
	HOW LONG THERE	SALARY \$	<input type="checkbox"/> MONTH <input type="checkbox"/> WEEK	OCCUPATION OR POSITION
	PREVIOUS EMPLOYER		ADDRESS	HOW LONG THERE
	PREVIOUS EMPLOYER		ADDRESS	HOW LONG THERE
	INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY UPON IT AS A BASIS FOR REPAYING THIS OBLIGATION.			
	OTHER INCOME SOURCE:	MONTHLY AMOUNT:	SOURCE:	MONTHLY AMOUNT:
DO YOU MAKE ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT _____				

SECTION III - MARITAL STATUS

(DO NOT COMPLETE IF THIS IS AN APPLICATION FOR INDIVIDUAL UNSECURED CREDIT)

APPLICANT	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED (INCLUDING SINGLE, DIVORCED AND WIDOWED)
OTHER PARTY	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED (INCLUDING SINGLE, DIVORCED AND WIDOWED)

SCHEDULE A – U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares of Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B – NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C – PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Property	Title In Name Of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D – REAL ESTATE OWNED

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address of Lender	Credit In the Name Of	Secured or Unsecured?	Original Date	High Credit	Current Balance

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of those signing this application, or persons, firms or corporations in whose behalf those signing this application may either severally or jointly with others, execute a guaranty in your favor. Those signing this application understand that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Those signing this application represent and warrant that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by those signing this application. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.