



1104 S. Arlington Heights Rd.
Arlington Heights, IL 60005
(847) 392-1922
(866) 496-AAEC (2232)

CREDIT CARD 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: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed) 2. Married applicants can apply for individual credit. Indicate if You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse/Co-Applicant 3. Method of Payment: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Share Transfer <input type="checkbox"/> 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 AAEC Credit Union.
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Credit Applied For:
 Type of credit _____ Amount Requested \$ _____ Refinanced Amount \$ _____ Total Request \$ _____
 Purpose _____ Collateral Offered _____ Value \$ _____

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 (866) 496-2232 or by writing Us at 1104 South Arlington Heights Road, Arlington Heights, IL 60005.

APPLICANT OR CO-SIGNER

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

SPOUSE/CO-APPLICANT

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

EMPLOYMENT AND INCOME

CURRENT EMPLOYER		START DATE
ADDRESS/CITY/STATE/ZIP		
IF SELF EMPLOYED PROVIDE TYPE OF BUSINESS	PART TIME EMPLOYMENT HOURLY WAGE \$ HOURS PER WEEK	
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

CURRENT EMPLOYER		START DATE
ADDRESS/CITY/STATE/ZIP		
IF SELF EMPLOYED PROVIDE TYPE OF BUSINESS	PART TIME EMPLOYMENT HOURLY WAGE \$ HOURS PER WEEK	
WORK TELEPHONE	POSITION	MO. GROSS SALARY
FORMER EMPLOYER	POSITION	YEARS THERE

OTHER INCOME

Alimony, child support, or separate maintenance income need not be revealed if You do not choose to have it considered.

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

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

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

NAME	LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS, INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT

Please answer the following questions. If a yes answer is given, explain on attached sheet.	A		C		TOTALS							
	YES	NO	YES	NO		YES	NO	YES	NO			
1. Do You have any outstanding judgments?					Please Check: A=Applicant/Co-Signer C=Co-Applicant							
2. Have You ever had any garnishments?					8. Have You ever obtained credit under another name?							
3. Have You ever filed for Bankruptcy or Chapter 13?					9. Are You a co-maker or co-signer on any loan?							
4. Have You had any property foreclosed on in the last 7 years?					For Whom _____ Amount \$ _____							
5. Are You currently a defendant in any lawsuit or legal action?					10. Indicate immigration status:							
6. Do You have any tax obligations, including payroll or real estate taxes, past due?					Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____							
7. Is Your income likely to decrease in the next 2 years?					Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____							

OPTIONAL CREDIT INSURANCE (Excluding Credit Cards) 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 Credit Insurance

You are not interested in Credit Insurance

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 Account contained in Our Credit Card Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Card Account Agreement And Federal Disclosure Statement. You will receive a copy of such Agreement And Disclosure no later than the time of Your first credit 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.**

You hereby acknowledge Your intent to apply for joint credit _____

Applicant's Initials

Co-Applicant's Initials

X _____
Signature of Applicant or Co-Signer Date

X _____
Signature of Spouse/Co-Applicant 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