



124 South Ridgedale Avenue
 East Hanover, NJ 07936-3190
 973-947-1000 • FAX: 973-947-1001

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: <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 the Lender.
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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 (973) 947-1000 [callers from outside the (973) area code may call collect] or by writing to Us at 124 South Ridgedale Avenue, East Hanover, NJ 07936.

APPLICANT **CO-SIGNER/GUARANTOR**

FULL NAME			
SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
EMAIL ADDRESS		CELL PHONE	
NAME, ADDRESS AND TELEPHONE OF PERSONAL REFERENCE NOT LIVING WITH YOU			RELATIONSHIP

SPOUSE/CO-APPLICANT

FULL NAME			
SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	YEARS THERE	
CITY	STATE	ZIP	
EMAIL ADDRESS		CELL PHONE	
NAME, ADDRESS AND TELEPHONE OF PERSONAL REFERENCE NOT LIVING WITH YOU			RELATIONSHIP

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 PHONE	POSITION	MO. GROSS INCOME

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

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	

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

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

PLEASE CHECK			LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D						
			RENT/MORTGAGE					

Please answer the following questions. If a yes answer is given, explain on attached sheet.				A YES NO		C YES NO		TOTALS					
1. Have You filed a petition for bankruptcy in the last 10 years?						Please Check: A=Applicant/Co-Signer/Guarantor C=Co-Applicant				A YES NO		C YES NO	
2. Have You ever had any auto or property repossessed?						6. Have You any obligations not listed?							
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____						7. Do You have any past due bills?							
4. Have You ever had credit in any other name? What name _____						8. Is any income You have listed likely to reduce in the next 2 years?							
5. Have You any suits pending, judgments filed, alimony or support awards against You?						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 _____							

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 credit product contained in Our Credit Line Account Agreement and Disclosure, You agree and understand that if approved, You are contractually liable according to the terms of the applicable 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. **If You are issued a Credit Card, debit card or ATM 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, and/or Overdraft Line of Credit balance created through the use of Your debit card or ATM card.**

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

X _____ Date **X** _____ Date
Signature of Applicant/Co-Signer/Guarantor Signature of Spouse/Co-Applicant

YOUR CHOICE REGARDING OVER-THE-CREDIT LIMIT COVERAGE

Unless You tell Us otherwise, We will decline any transaction that causes You to go over Your credit limit. If You want Us to authorize these transactions, You can request over-the-credit limit coverage.

If You have over-the-credit limit coverage and You go over Your credit limit, We will charge You a fee of up to \$10.00. You will only pay one fee per billing cycle, even if You go over Your limit multiple times in the same cycle.

Even if You request over-the-credit limit coverage, in some cases We may still decline a transaction that would cause You to go over Your limit, such as if You are past due or significantly over Your credit limit.

If You want over-the-credit limit coverage and to allow Us to authorize transactions that go over Your credit limit, You must check the box and sign below.

You want over-the-credit limit coverage and understand that if You go over Your credit limit, You will be charged a fee of up to \$10.00. You further understand that You have the right to cancel this coverage at any time, and prior to Our assessing a fee or charge We will provide You with a notice in writing of Your right to revoke this consent, together with instructions informing You of the revocation process.

Signature Date

LOAN OFFICER

LOAN APPROVED YES NO

SPECIFIC REASON(S) FOR REJECTION/APPROVAL

LOAN OFFICER SIGNATURE	DATE	CREDIT LIMIT \$	OTHER APPROVED CREDIT LIMIT \$
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ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON _____ (DATE) BY _____