

PLEASE CHECK FOLLOWING
(1 or 2) FOR CHOICE OF CREDIT

1. ☐ **Solely** for credit for applicant.
- Fill in **only** information on applicant.
2. ☐ For credit for applicant **and co-applicant**.
- Fill in information on applicant **and co-applicant**.

Date _____

Amount Requested _____ for _____ months
to be used for the purpose of _____

I authorize you to obtain such information as you may require concerning the statements made in this application and agree that the application shall remain your property, whether the loan is granted or not. I hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I agree to notify you of any material change in the statement as set forth and this statement shall be construed by you to be a continuing statement of the condition of the undersigned until written notice to the contrary is received by you.

APPLICANT

FULL NAME	BIRTHDATE MO. / DAY / YR	NO. OF DEPENDENTS INCL. APPLICANTS	DRIVER'S LICENSE NO.	MILITARY GRADE _____ ROTATION DATE _____
HOME ADDRESS <i>street, apt., city, state</i>	ZIP	HOW YRS LONG? MOS	SOCIAL SECURITY NO.	
PREVIOUS FULL ADDRESS <i>home if less than 2 years</i>	ZIP	HOW YRS LONG? MOS	U.S. CITIZEN YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAILING ADDRESS <i>if different from home address</i>	ZIP	HOME PHONE NO. / CELL NO.		WORK PHONE NO.
EMAIL ADDRESS				
EMPLOYER NAME <i>and</i> FULL ADDRESS	ZIP	HOW YRS LONG? MOS	YOUR OCCUPATION	YRS. IN THIS OCCUPATION
PREVIOUS EMPLOYER NAME <i>and</i> FULL ADDRESS <i>if less than 2 years</i>	ZIP	HOW YRS LONG? MOS	YOUR OCCUPATION	
NEAREST RELATIVE NOT LIVING WITH YOU <i>and</i> FULL ADDRESS	ZIP	PHONE NO.		RELATIONSHIP
CLOSE FRIEND <i>and</i> FULL ADDRESS	ZIP	PHONE NO.		RELATIONSHIP

CO-APPLICANT

FULL NAME	SOCIAL SECURITY		DRIVER'S LICENSE NO.	BIRTHDATE MO. / DAY / YR
HOME ADDRESS <i>street, apt., city, state</i>	ZIP	HOW YRS LONG? MOS	HOME PHONE NO.	WORK PHONE NO.
EMPLOYER NAME <i>and</i> FULL ADDRESS	ZIP	HOW YRS LONG? MOS	OCCUPATION	YRS. IN THIS OCCUPATION
PREVIOUS EMPLOYER NAME <i>and</i> FULL ADDRESS	ZIP	HOW YRS LONG? MOS	OCCUPATION	
NEAREST RELATIVE NOT LIVING WITH YOU <i>and</i> FULL ADDRESS	ZIP	PHONE NO.		RELATIONSHIP

INCOME You don't have to reveal income from alimony, child support or separate maintenance unless you want the bank to consider it when evaluating this application.

Applicant's monthly gross pay from employment \$ _____

Co-Applicant's monthly gross pay from employment \$ _____

Applicant's other income (monthly) \$ _____ Source _____

Co-Applicant's other income (monthly) \$ _____ Source _____

Total Gross Monthly Income \$ _____

Is any or this income likely to be reduced or interrupted before the credit requested is paid off? ☐ YES *(If Yes, explain for how long and the amount involved on separate sheet)*
☐ NO

FINANCIAL INFORMATION If you're married, the bank will assume that all assets and income are community property and all debts are community obligations unless otherwise shown in the Asset and Debt Identification Section below.

BANK <i>or</i> CREDIT UNION FULL ADDRESS				ZIP	<input type="checkbox"/> CHECKING <input type="checkbox"/> LOAN <input type="checkbox"/> SAVINGS	ACCOUNT NO. (CK) _____ (SV) _____		
REAL ESTATE <input type="checkbox"/> BUYING OR OWN <input type="checkbox"/> RENTING <input type="checkbox"/> LIVING WITH PARENTS <input type="checkbox"/> OTHER		LANDLORD'S OR MORTGAGEE'S NAME _____ FULL ADDRESS _____		LOAN NO. _____		MO. PMT./RENT (INCLUDING INSURANCE AND PROPERTY TAX)	BALANCE OWING	
YEAR	MAKE	MODEL	FINANCED BY	ADDRESS		\$	\$	
VEHICLE(S)		YEAR	MAKE	MODEL	FINANCED BY	ADDRESS	\$	\$

List all other debts (finance companies, credit unions, credit cards, stores, banks, alimony, child support, separate maintenance).

TO WHOM OWED	ADDRESS BRANCH	MO. PMT	BALANCE OWING		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
Is any debt past due? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are all debts listed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you need more space, attach a separate sheet.	TOTAL	\$	\$

Have you or your spouse ever obtained credit under a different name? ☐ YES If yes, Show name (s)
☐ NO

ASSET and DEBT IDENTIFICATION List assets and income which aren't community property and debts which aren't community obligations: show how assets are held and income received (separate property, joint tenancy, tenancy in common) and how debts are owed.

DATE SIGNED:

SIGNATURE OF APPLICANT X

MONTH _____ DAY _____ YEAR _____

SIGNATURE OF CO-APPLICANT X

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PRIVACY WAIVER: Upon the loan of money hereby requested being declared in default; I hereby authorize Marianas Finance Corporation to contact and receive from any person, including but not limited to my employer, state and federal agencies or branches thereof and various departments and command of the Department of Defense, any information which they deem necessary to secure or collect said default. Said authorization constitutes but is not limited to a waiver as to the information required of my rights as provided by any states of federal privacy statutes. Applicant hereby (1) certifies all information on this application and attached is true and correct and is given for the purpose of obtaining credit; (2) certifies that there is no other outstanding indebtedness other than listed on the application or attached; (3) certifies that he/she is in good health; (4) authorizes Marianas Finance Corporation to check my credit references and authorizes release to my finance company records Custodian of any information pertaining to my past and present financial status and any action pending or taken against me in the past. You may keep this application even if credit is refused. This application remains the property of Marianas Finance Corporation.

Signature of Applicant

Signature of Co-Applicant

Date

Date

OPTIONAL MARIANAS FINANCE CORPORATION DEBT CANCELLATION FOR AUTO, PERSONAL LOAN

Indicate your choice by checking one of the following boxes:

☒ **SINGLE ONLY**

☐ **JOINT**

Installment Loan Fee:

Original Loan Amount x .750% per year

Original Loan Amount x .950% per year

Subject to the terms of a Debt Cancellation of Agreement, if you die before maturity of the Loan, Marianas Finance Corporation will cancel the remaining outstanding balance of principal and interest on the Loan up to a maximum principal and interest of \$25,000.00. If the outstanding balance of Loan is \$25,000.00 or less, Marianas Finance Corporation will mark the Loan as "Paid in Full" and release any lien on any collateral which secures the Loan provided that said collateral does not secure any other loan you have with Marianas Finance Corporation which is not subject to a Debt Cancellation Agreement. If the outstanding principal and interest exceed \$25,000.00, Marianas Finance Corporation will credit \$25,000.00 against the outstanding principal and interest and your estate shall remain liable for the remaining unpaid balance and Marianas Finance Corporation shall retain the right to foreclose any security interest in collateral which secures the Loan.

The fee calculated is based on the Loan amount and term based on the Debt Cancellation Agreement I have selected above. This fee will be added to the amount of my Loan.

THIS CONTRACT IS NOT REQUIRED BY MARIANAS FINANCE CORPORATION. Debt Cancellation is not available if the Primary or Secondary applicant is age 66 or over at the time of loan closing.

By signing below the Primary Contractee and Secondary Contractee authorize Marianas Finance Corporation to add to the Loan you are applying for the fee for the contract plan selected above, and the Primary Contractee and Secondary Contractee **UNDERSTAND THAT THIS CONTRACT IS NOT REQUIRED BY MARIANAS FINANCE CORPORATION** and is not available to any Contractee, Primary or Secondary, if any reaches age 66 or over at the time of loan closing.

Primary Contractee

Today's Date: / /

Date of Birth / /

Secondary Contractee

Today's Date: / /

Date of Birth / /

Map to Residence: