

# TRAILWEST BANK



PO Box 9  
11300 US Highway 93 S, Suite D  
Lolo, MT 59847

## Application Information

**Important Information to Applicant(s).** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a loan or opens an account. **What this means for you.** When you apply for a loan or open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. **Read each instruction carefully before completing this form.**

Applicant			Applicant Information			Joint Applicant or Other Party		
Full Name (First, Middle, Last)   Business Name			Full Name (First, Middle, Last)   Business Name					
Tax ID NO. / SSN	Primary Phone <input type="checkbox"/> Cell	Second Phone <input type="checkbox"/> Cell	Tax ID NO. / SSN	Primary Phone <input type="checkbox"/> Cell	Second Phone <input type="checkbox"/> Cell			
DL State:	Expiration:	Issue Date:	DL State:	Expiration:	Issue Date:			
DL#:			DL#:					
DOB: / /			DOB: / /					
Email Address:			Email Address:					
Mailing Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>	No. of Yrs.:	Mailing Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>	No. of Yrs.:			
Physical Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>	No. of Yrs.:	Physical Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>	No. of Yrs.:			
Dependents	No.:	Ages:	Dependents	No.:	Ages:			
Nearest Relative (not living with you) Name: Address: Telephone: <input type="checkbox"/> Cell			Nearest Relative (not living with you) Name: Address: Telephone: <input type="checkbox"/> Cell					

Applicant			Employment Information			Joint Applicant or Other Party		
Employer:	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self	No. of Yrs.:	Employer:	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self	No. of Yrs.:			
Name:			Name:					
Address:			Address:					
Mgr.:	Phone:		Mgr.:	Phone:				
Gross Monthly Salary/Comm.:	\$		Gross Monthly Salary/Comm.:	\$				
Position/Title:	Occupation		Position/Title:	Occupation				

Applicant			Other Income			Joint Applicant or Other Party		
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral understanding			Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court order <input type="checkbox"/> Written agreement <input type="checkbox"/> Oral understanding					
Other Income:	\$	per Month	Other Income:	\$	per Month			
Source:			Source:					
Is any income listed likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes <input type="checkbox"/> No			Is any income listed likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Date \_\_\_\_\_ Initial \_\_\_\_\_