

**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.**

<i>Applicant</i>			<i>Applicant Information</i>			<i>Joint Applicant or Other Party</i>		
Full Name <i>(First, Middle, Last)</i>   Business Name			Full Name <i>(First, Middle, Last)</i>   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	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 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 <i>(not living with you)</i> Name: Address: Telephone: <input type="checkbox"/> Cell			Nearest Relative <i>(not living with you)</i> Name: Address: Telephone: <input type="checkbox"/> Cell					

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

<i>Applicant</i>		<i>Other Income</i>		<i>Joint Applicant or Other Party</i>	
Alimony, child support, or separate maintenance income <b>need not be revealed</b> if you do not wish to have it considered as a basis for repaying this obligation.		Alimony, child support, or separate maintenance income <b>need not be revealed</b> 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 Source:		Other Income: \$ _____ per Month 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			

**DO NOT EMAIL! FILL OUT AND RETURN TO BANK.**

**Type of Application**

Check only one of the two types:

- Individual Credit** - You are relying solely on your income or assets.       **Joint Credit** - By initialing below, you intend to apply for "joint credit".

Applicant \_\_\_\_\_

Joint Applicant \_\_\_\_\_

**Type of Requested Credit**

Application Date	Amount \$	Financing Type	Loan Type		
		<input type="checkbox"/> New <input type="checkbox"/> Refinance	<input type="checkbox"/> Signature Loan <input type="checkbox"/> Overdraft Protection <input type="checkbox"/> Construction <input type="checkbox"/> Line of Credit	<input type="checkbox"/> Car Loan <input type="checkbox"/> CD Loan <input type="checkbox"/> Home Equity <input type="checkbox"/> Open End Line of Credit	<input type="checkbox"/> RV/Boat/ATV Loan <input type="checkbox"/> Real Estate <input type="checkbox"/> Commercial

Have you ever received credit from us?       Yes       No

If yes, when: \_\_\_\_\_ office/branch: \_\_\_\_\_

Loan Purpose \_\_\_\_\_

**Credit History**

	APPLICANT	CO-APPLICANT	
IS ANY OF THIS INCOME LIKELY TO BE REDUCED BEFORE THE CREDIT REQUEST IS PAID OFF?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU DECLARED BANKRUPTCY IN THE PAST 14 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE FILED? _____
ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN? _____
ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO WHOM? _____
			FOR WHOM? _____

Date Application Received \_\_\_\_\_

Loan Officer Name (Print) \_\_\_\_\_

Loan Officer NMLS # \_\_\_\_\_

Loan Officer Signature \_\_\_\_\_

Bank Name & Location \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Telephone # \_\_\_\_\_

Bank NMLS # 677399

**Certifications, Authorizations and Signatures**

You certify that everything you have stated in this Credit Application and on any other documents submitted to us are true and correct to the best of your knowledge. You understand that you must update the information contained in this Credit Application if either your financial condition materially changes or we make a request to you orally or in writing. You understand that we will retain this Credit Application whether or not it is approved.

You authorize us to request one or more consumer reports, to check and verify your credit and employment history, and to answer questions others may ask us about our credit experience with you.

You authorize us to contact you using any of the telephone numbers listed on this Credit Application or that you subsequently provide us in connection with your credit account - regardless whether the number we use is assigned to a paging service, cellular telephone service, specialized mobile radio service, other radio common carrier service or any other service for which you may be charged for the call. You further authorize us to contact you through the use of voice, text and email and through the use of prerecorded/artificial voice messages or an automatic dialing device.

**Electronic Signature.** If checked, You further agree that you have signed this *Credit Application* with one or more electronic signatures. You intend your electronic signature to have the effect of your written ink signature. You viewed and read the entire *Credit Application* and notices before you signed it. You received a paper copy of this *Credit Application* after it was signed. You understand that this *Credit Application* is in the electronic form that we will keep. We may rely on, and enforce, this *Credit Application* in the electronic form or as a paper version of the electronic form.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Applicant, or Other Party, Signature \_\_\_\_\_

Date \_\_\_\_\_

**Insurance Disclosure**

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures:

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

**By signing below, I acknowledge that I have read, have been told about the above insurance disclosure, and that I understand it**

Pursuant to the national privacy law that took effect July 1, 2001. I authorize the TrailWest Bank to obtain verification of any information needed to complete my loan request. This information includes but is not limited to my bank account, other assets, employment earnings records and the need to order a consumer credit report. I further authorize anyone to accept a photocopy or facsimile of this document as their authorization to release such information to the TrailWest Bank. I have received the TrailWest Bank's privacy statement.

SIGNATURES—I certify that everything I have stated in this application and on any attachments are correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

**X** \_\_\_\_\_

APPLICANT'S SIGNATURE

DATE

**X** \_\_\_\_\_

CO-APPLICANT'S SIGNATURE

DATE