THE NATIONAL BANK OF ADAMS COUNTY OF WEST UNION WEST UNION OH 45693-1307

IMPORTANT APPL and to provide one	ICAN or mor	INFORMATION: e forms of identificat	Federal law requires financial i ion to fulfill this requirement. Ir	nstitutions to o	obtain suffic ces we may	ient informa use outside	tion to ve sources	erify your iden to confirm the	tity. Yo	u may be asked s ation. The informa	everal questions		
is protected by our privacy policy and federal law. TYPE OF CREDIT REQUESTED IMPORTANT: Check (√) the appropriate boxes below and complete the applicable sections.							FOR CREDITOR USE						
PL (:						DATE CLASS NO.							
SECURED INDIVIDUAL CREDIT - relying solely on my income or assets UNSECURED INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other s						ther cources	ACCOUNT NO. APPROVED BY						
JOINT CREDIT - We intend to apply for joint credit. (initials)				20000 110111 01	ilici Sodioco.	DECLINED BY							
AMOUNT REQUES			PAYMENT DATE DESIRED	WANT TO	REPAY	PROCEED		OAN TO BE US					
\$				MONTH	L Y	V A							
NAME (Last, First,	Middle												
BIRTH DATE 1	SIRTH DATE TELEPHONE NO. DRIVER'S LICENSE NO.					SOCIAL SECURITY NO. NO.			EP.	AGES OF DEPI	PENDENTS		
ADDRESS (Street	RESS (Street, City, State & Zip)							COUNTY		Do you Own	HOW LONG		
ADDITIESS (Gireet,	Oity, O	ate d Lip)					COMIT			or rent			
PREVIOUS ADDRE	SS (SI	reet, City, State & Zi	p) (Complete if less than 3 year	s at present ac	address) COUNTY			COUNTY		Did you Own			
NAME & ADDRESS	OF N	EAREST RELATIVE	NOT LIVING WITH YOU		RELATION	NSHIP	TELE	EPHONE NO.	(Include	L. Time			
EMPLOYER (Comp	any Na	ame & Address)									HOW LONG		
BUSINESS PHONE	BUSINESS PHONE Ext. POSITION OR TITLE					HOW OFTEN PAID			TAKE HOME SALARY PER MONTH				
PREVIOUS EMPLO	YER (Company Name & A	ddress)						\$		HOW LONG		
	20		ce income need not be revealed eceived under: Court Orde		W 1				ng this	obligation.			
SOURCES OF OTH									AMO	UNT PER MONTH			
Is any income listed in this Section likely to be reduced before the credit request is paid of				st is paid off?					Have you previously received credit from us? No Yes - When?				
∐ No ☐ Yes (I	Explain) v ^{3, 3}	ess sy a ,		8		* # %	∟ No L	_] Yes	When?			
NAME (Last First	Middle						1				_ 2 2 2		
IVAIVIL (Last, 1 list,	NAME (Last, First, Middle)												
BIRTH DATE	ΓELEΡΙ	HONE NO.	DRIVER'S LICENSE N	0.	SOCIALS	ECURITY N	O.	NO. OF D	EP.	AGES OF DEPI	ENDENTS		
RELATIONSHIP TO) APPL	ICANT (If Any)	PRESENT ADDRESS (Stre	eet, City, State	ate & Zip)					HOW LONG			
EMPLOYER (Comp	any Na	ame & Address)									HOW LONG		
BUSINESS PHONE Ext. POSITION OR TITLE				HOW OFTEN PAID				TAKE HOME SALARY PE					
PREVIOUS EMPLO	YER (Company Name & A	ddress)] Y		HOW LONG		
			ce income need not be revealed	5 Table 1983				2 (4) 2 (5)	ng this	obligation.			
			eceived under: Court Orde	er Written	Agreement	Oral U	nderstan	ding					
SOURCES OF OTH	HER IN	COME					di i y		\$	JNT PER MONTH			
prompt of the prompt of the			educed before the credit reque	st is paid off?		Has		Company of the compan	r Party e	ever received credit	from us?		
∐ No ☐ Yes (I	Explain						ַ בַּי	√lo	vvnen?	h Bray I Little ga	e ppyrobe i pla		
APPLICANT		Married	A. Barrier B. M. C. Branch and M. C. Bra	Unmarried			THE PARTY NAMED IN	OH #6 0 0000 X 10 0					
OTHER PARTY		☐ Married	A DESCRIPTION OF THE PROPERTY	Unmarried			THE PARTY NAMED IN	OH #6 0 0000 X 10 0					

ASSETS OWNED (Use separate sheet if	necessary.)		* * *		a		
DESCRIPTION OF ASS	ETS	NAME IN WHICH THE ACCOUNT IS CARRI	ED	SUBJECT	TO DEBT?		VALUE
CHECKING ACCOUNT NUMBER(S) (where)						\$	
SAVINGS ACCOUNT NUMBER(S) (where)					9 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10		
CERTIFICATE OF DEPOSIT(S) (where)				ř ,	9.5		
MARKETABLE SECURITIES (issuer, type, no. of shares)					\$		9 4
REAL ESTATE (location, date acquired)						4,	
LIFE INSURANCE (issuer, face value)	9			(2 (2)			
AUTOMOBILES (make, model, year)					-	Communication and the Communication of the Communic	·
OTHER (list)							
TOTAL ASSETS						\$	
OUTSTANDING DEBTS (Include charge	accounts, installment contracts	, credit cards, rent, mortgages and other obligations.	Use separa	te sheet if n	ecessary.)		
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT		PRESENT BALANCE		MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	Rent Payment Mortgage		(OMI	T RENT)	(OMIT RENT)		(OMIT RENT) \$
AUTOMOBILES (describe)							
				H 500.25 10			
TOTAL DEBTS			\$		\$		\$
		t both the Applicant and Joint Applicant or Other	Person (if a	applicable):	:		
Are you obligated to make Alimony, Support or	Maintenance Payments?						
If yes, to (Name & Address)					2 0		
-		o Yes If yes, for whom?whom owed?			nom? Amount \$		#.
Have you been declared bankrupt in the last 10					Yea	r?	1
PROPERTY DESCRIPTION			- V			100 %	
NAMES & ADDRESSES OF ALL CO-OWNERS	S OF THE PROPERTY						
IF THE SECURITY IS REAL ESTATE, GIVE TH	HE FULL NAME OF YOUR S	SPOUSE (if any).					
							1.4

SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By must update credit information at Lender's request if my financial condition changes.

The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Date