



301 Rio Bravo SE
 Albuquerque, NM 87105
 Tel: (505) 262-1401
 Toll Free: (877) 761-5136

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:
 Married Separated Unmarried (Includes Single, Divorced and Widowed)

2. Married applicants can apply for individual credit. Indicate if You would like:
 Individual Credit Joint Credit with Your Spouse/Co-Applicant

3. 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).

4. 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.

Credit Applied For:

Type of credit _____

Amount Applied For \$ Credit Limit Applied For \$ Purpose _____

APPLICANT	CO-SIGNER
FIRST NAME	INITIAL LAST NAME
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/EXP. BIRTHDATE
CURRENT STREET ADDRESS	APT. NO. SINCE (MO. YR.)
CITY	STATE ZIP
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS) YEARS THERE	
DO YOU: OWN RENT OTHER	HOME TELEPHONE CELL PHONE NO. OF DEP
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU	
PERSONAL REFERENCE - NAME, ADDRESS AND TELEPHONE	

SPOUSE/CO-APPLICANT			
FIRST NAME	INITIAL	LAST NAME	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/EXP.	BIRTHDATE	
CURRENT STREET ADDRESS	APT. NO.	SINCE (MO. YR.)	
CITY	STATE	ZIP	
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS)			YEARS THERE
DO YOU: OWN RENT OTHER	HOME TELEPHONE	CELL PHONE	NO. OF DEP
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU			
PERSONAL REFERENCE - NAME, ADDRESS AND TELEPHONE			

EMPLOYMENT AND INCOME If self-employed or retired, attach financial statement or income tax returns.

CURRENT EMPLOYER	SINCE (MO. YR.)
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION MO. GROSS INCOME
FORMER EMPLOYER	POSITION YEARS
OTHER INCOME SOURCE*	MONTHLY AMOUNT

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)	SINCE (MO. YR.)
ADDRESS/CITY/STATE/ZIP	
WORK TELEPHONE	POSITION MO. GROSS INCOME
FORMER EMPLOYER	POSITION YEARS
OTHER INCOME SOURCE*	MONTHLY AMOUNT

*You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

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 Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You will receive a copy of that Agreement no later than the time of Your first credit 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. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature.

 X
 Signature of Applicant/Co-Signer Date

 X
 Signature of Spouse/Co-Applicant Date