

New Credit Line Request

How did you hear about this program? _____ Referral Source: _____

Loan Request	<input type="checkbox"/> Amount Requested \$ _____ OR <input type="checkbox"/> Maximum Eligible Amount as Determined by Lender <small>(Minimum \$75,000.00)</small>	
	Purpose of Line: How will the proceeds be used? _____	

Applicant	First Name	Middle Initial	Last Name	Date of Birth		
	Present Address <small>(Street address only, no P.O. Box)</small>	City	County	State	Zip Code	How Long <input type="checkbox"/> Own <input type="checkbox"/> Rent
	Mailing Address <small>(if different from above)</small>	City	County	State	Zip Code	
	Social Security No.				Home/Cell Phone Number	
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			If No: Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email

Co-Applicant	First Name	Middle Initial	Last Name	Date of Birth		
	Present Address <small>(Street address only, no P.O. Box)</small>	City	County	State	Zip Code	How Long <input type="checkbox"/> Own <input type="checkbox"/> Rent
	Mailing Address <small>(if different from above)</small>	City	County	State	Zip Code	
	Social Security No.				Home/Cell Phone Number	
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			If No: Are you a permanent resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email

Employment Applicant	Name of Employer	Occupation	Position	Years Employed	Business Phone
	Address of Employer		City	County	State
Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employment Co-Applicant	Name of Employer	Occupation	Position	Years Employed	Business Phone
	Address of Employer		City	County	State
Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No					

Income	PLEASE INDICATE ALL INCOME FIGURES AS ANNUAL AMOUNTS.					
		Gross Salary	Soc. Sec./Pension/Disability	Gross Rental Income	Other Income	Total Income
	Applicant	\$	\$	\$	\$	\$
	Co-Applicant	\$	\$	\$	\$	\$
Note: Alimony, child support and separate maintenance payments need not be revealed unless you wish to rely on such income in applying for credit.						

IMPORTANT: Read these directions before completing this application.

- INDIVIDUAL ACCOUNT - If you are applying for an account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all sections except the co-applicant sections.
- JOINT ACCOUNT - If you are applying for an account that you and another person will use, complete all sections, providing information about the joint applicant or user in the co-applicant sections.

We intend to apply for joint credit.

Applicant-initials

Co-Applicant-initials

COLLATERAL

INFORMATION REGARDING WHOLE LIFE INSURANCE POLICY(S) BEING PLEDGED

Insurance Line of Credit must be secured by a valid assignment of life insurance policy(s).

Name of Life Insurance Company(s)

Policy Number(s)

Owner of Policy(s)

Name of Life Insurance Agent

Phone Number of Life Insurance Agent

Email of Life Insurance Agent

Have you or co-applicant ever transacted any business in any other name, had any judgements, bankruptcies, attachments, garnishments or other legal proceedings against you?

- Yes
- No

If yes, attach a separate sheet stating the other personal name(s) and full details of any actions pertaining to each name.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 opens an account. What this means for you: When you 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.

You authorize anyone mentioned herein to furnish us such information as we may require in connection with this application and agree that the application shall remain our property whether or not the loan is granted. You agree to notify us immediately upon any material change in the above statement.

You affirm that each of the answers given to the foregoing questions is true and correct and that the foregoing is a true and correct statement of your financial condition. It is a crime to intentionally falsify information on this application or to willfully overvalue any property for the purpose of influencing the bank to act on this application.

You authorize Lakeland Bank to check your credit, business and employment history and to report information regarding your credit history to credit reporting agencies and other persons we believe have a legitimate business reason to request such information.

By signing below, each Signer declares that he/she has read and understands the statements above.

Please read the following before signing: *Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.*

Signature of Applicant

Date

Signature of Co-Applicant

Date

Print Applicant Name

Print Co-Applicant Name

Lakeland Bank
155 Morristown Rd, Bernardsville, NJ 07924
insurancelending@lakelandbank.com

