



INSTALLMENT LOAN APPLICATION

Type: Individual Amount: \$ _____Joint Purpose: _____

APPLICANT	NAME (FIRST) (INITIAL) (LAST)		DATE OF BIRTH	SOCIAL SECURITY NUMBER		
	STREET ADDRESS			NUMBER OF DEPENDENTS INCLUDING YOURSELF	AREA CODE	TELEPHONE NO.
	CITY	STATE	ZIP CODE	AT PRESENT ADDRESS OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER <input type="checkbox"/>		
	PRESENT EMPLOYER OR NAME OF BUSINESS IF SELF EMPLOYED			HOW LONG EMPLOYED	POSITION	GROSS MONTHLY INCOME
	EMPLOYER'S ADDRESS			CITY	STATE	ZIP
				AREA CODE	TELEPHONE NUMBER	
	ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY ON IT TO OBTAIN THIS CREDIT			SOURCE OF ADDITIONAL INCOME	AMOUNT	WK MO

CO-APPLICANT	NAME (FIRST) (INITIAL) (LAST)		DATE OF BIRTH	SOCIAL SECURITY NUMBER		RELATIONSHIP TO APPLICANT		
	STREET ADDRESS (if different from applicant)			CITY	STATE	ZIP	AREA CODE	TELEPHONE NUMBER
	PRESENT EMPLOYER OR NAME OF BUSINESS IF SELF EMPLOYED			HOW LONG EMPLOYED	POSITION		GROSS MONTHLY INCOME	
	EMPLOYER'S ADDRESS			CITY	STATE	ZIP	AREA CODE	TELEPHONE NUMBER

IF YOU ARE OBLIGATED TO PAY ALIMONY OR CHILD SUPPORT, LIST MONTHLY AMOUNT \$	ARE YOU PAYING UNDER: COURT ORDER	WRITTEN AGREEMENT	ORAL AGREEMENT
<p>Annual Percentage Rate (APR) is 5.40% with a maximum term of 10 months. Example: The monthly payments of a loan for \$1,000 repaid over a 10 month period is \$102.49 with 30 days before the first payment is due.</p>			

Referral Authorization

Customer acknowledges and assents to the referral of any application for any deposit, loan, investment or trust to any affiliate or subsidiary of Bank for review. Customer further authorizes any subsidiaries of Bank to whom any application is referred to make whatever inquiries they consider necessary and appropriate to review the application, including requesting a credit report from consumer credit reporting agencies and subsequently for any update, renewal, extension of payment, review for collecting or unilateral offers of extension of credit. Customer agrees that as a result of the referral terms, and conditions offered by the affiliate or subsidiary of Bank may differ from the terms and conditions originally offered by the Bank for any deposit, loan, investment or trust account application.

The information listed, and or attached is given to obtain a loan with Horizon Bank, N.A. I/we hereby authorize Horizon Bank, N.A. to obtain information from others concerning my/our credit standing and other relevant information impacting this application. I/we agree that Horizon Bank, N.A. may provide information about my/our account to others. I/we certify that the above statements are true and that no information known to me called for herein has been omitted. Verification may be obtained from any source named herein. This application shall remain the property of Horizon Bank, N.A., Michigan City, IN.

Your Signature _____ Date Signed _____

Your Signature _____ Date Signed _____



MEMBER FDIC

We intend to apply for Joint Credit _____ Borrower _____ Co-Borrower _____ Co-Borrower