

# DACOTAH BANK

Joint account owners: Please complete a separate application for each account holder.

PERSONAL  BUSINESS   
Account Number \_\_\_\_\_

## APPLICANT INFORMATION

NAME			PRESENT EMPLOYER			
ADDRESS			DATE OF HIRE		POSITION	
CITY	STATE	ZIP	ANNUAL SALARY		BUSINESS PHONE (      )	
HOME PHONE (      )		LENGTH OF TIME AT ADDRESS		EMPLOYER ADDRESS		CITY      STATE      ZIP
PREVIOUS ADDRESS			PREVIOUS EMPLOYER		BUSINESS PHONE (      )	
CITY	STATE	ZIP	OTHER INCOME*		SOURCE*	
SOCIAL SECURITY NUMBER		DATE OF BIRTH		*You do not have to disclose alimony, child support, separate maintenance income or its source unless you want it to be considered for approval.		
NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	ADDRESS	CITY	STATE	ZIP      PHONE NUMBER
AMOUNT OF CREDIT LINE REQUESTED \$ _____						

## JOINT APPLICANT

NAME			PRESENT EMPLOYER			YEARS THERE
ADDRESS			ANNUAL SALARY		BUSINESS PHONE (      )	
CITY	STATE	ZIP	OTHER INCOME*		*You do not have to disclose alimony, child support, separate maintenance income or its source unless you want it to be considered for approval.	
HOME PHONE (      )		RELATIONSHIP TO APPLICANT		DATE OF BIRTH		SOCIAL SECURITY NUMBER

## ASSETS (INCLUDE CASH IN SAVINGS INSTITUTIONS, STOCKS, BONDS, AUTOS, ETC.)

TYPE	ADDRESS	ACCOUNT NUMBER	VALUE
TYPE	ADDRESS	ACCOUNT NUMBER	VALUE
TYPE	ADDRESS	ACCOUNT NUMBER	VALUE

## OBLIGATIONS (INCLUDE RENT/MORTGAGE, CREDIT CARDS, ALIMONY, CHILD SUPPORT & SEPARATE MAINTENANCE.)

TO WHOM PAID	ADDRESS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT
TO WHOM PAID	ADDRESS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT
TO WHOM PAID	ADDRESS	ACCOUNT NUMBER	BALANCE	MONTHLY PAYMENT

I certify that everything I have stated in this application and on any attachments is 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 this credit information at your request, and I agree to notify you of any significant, adverse change in my financial condition. If this is a joint application, by signing below, you indicate that you fully understand that this is a joint application for credit and both parties will be equally responsible for payment of incurred charges.

X \_\_\_\_\_ X \_\_\_\_\_  
Applicant Signature      Date      Joint Applicant Signature      Date