

YOUR CREDIT REQUEST

Do Not Use This Application for Loans Secured by Real Estate.

Purpose of Line/Loan: _____ Term Requested (Years/Months): _____

Amount Requested \$ _____ Requested Payment Due Date: _____

Complete One: Secured (please define type, year, and model below) Unsecured Advance Line

Type of Security: Automobile RV Boat Other: _____ Year/Model: _____

Overdraft Protection Account

New Credit Line Increase Existing Credit Line Add A Signer CBSJ Bank Account Number: _____

APPLICANT INFORMATION

If you are a California Registered Domestic Partner, you should complete this application as if you and your domestic partner are married and each of you is the spouse of the other. You may apply for an individual account regardless of your marital status. However, if you want Community Bank of San Joaquin to consider future earnings of anyone else, or you want to have another signer on your account, the other person must jointly apply for this credit with you whether or not he or she is your spouse.

Instructions to Applicants that are Married or California Registered Domestic Partners: Answer all questions related to you. Also answer all questions related to your spouse unless you are separated and your spouse is not also applying for this loan. Unless you indicate otherwise, the Bank will assume that all property listed is community property and all debts listed for you or your spouse are community obligations.

This application is for a loan in your name, alone. your name and your spouse's name.
 your name along with _____, whose separate application is attached.
 name of _____, whose credit you are willing to guarantee.

Please tell us if you are a Co-Applicant with, or will be acting as Co-Signer for, _____ someone who is not your spouse.
 The name of this person is: _____

You intend this credit primarily for your personal, family, and household use. business use.

Marital Status Married Unmarried Separated

YOURSELF

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ JR. SR.

BIRTH DATE ____/____/____ TAX ID # _____ CA DL OR ID # _____

CURRENT ADDRESS _____

CITY _____ COUNTY _____

STATE _____ ZIP _____ TIME THERE _____ YRS _____ MOS _____ OWN RENT

HOME PHONE (____) _____ NUMBER OF DEPENDENTS _____

PREVIOUS ADDRESS _____ APT. NO. _____ TIME THERE _____ YRS _____ MOS _____
 (IF AT CURRENT ADDRESS LESS THAN TWO YEARS)

CITY _____ STATE _____ ZIP _____

LIST ANY OTHER NAMES USED FOR OBTAINING CREDIT _____

HAVE YOU EVER DECLARED BANKRUPTCY? YES NO

ARE YOU A CO-SIGNER FOR ANYONE? (LIST DEBT IN LIABILITY SECTION) YES NO

BEST TIME AND PLACE TO CALL YOU MORNING AFTERNOON EVENING HOME WORK

YOUR SPOUSE

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ JR. SR.

BIRTH DATE ____/____/____ TAX ID # _____ CA DL OR ID # _____

CURRENT ADDRESS _____

CITY _____ COUNTY _____

STATE _____ ZIP _____ TIME THERE _____ YRS _____ MOS _____ OWN RENT

HOME PHONE (____) _____ NUMBER OF DEPENDENTS _____

PREVIOUS ADDRESS _____ APT. NO. _____ TIME THERE _____ YRS _____ MOS _____
 (IF AT CURRENT ADDRESS LESS THAN TWO YEARS)

CITY _____ STATE _____ ZIP _____

LIST ANY OTHER NAMES USED FOR OBTAINING CREDIT _____

HAVE YOU EVER DECLARED BANKRUPTCY? YES NO

ARE YOU A CO-SIGNER FOR ANYONE? (LIST DEBT IN LIABILITY SECTION) YES NO

BEST TIME AND PLACE TO CALL YOU MORNING AFTERNOON EVENING HOME WORK

YOUR EMPLOYMENT

CURRENT EMPLOYER _____ WORK PHONE () _____
 EMPLOYER'S ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TIME THERE ____ YRS ____ MOS OCCUPATION _____ YEARS IN FIELD ____
 PREVIOUS EMPLOYER _____ ADDRESS _____
 (IF AT CURRENT EMPLOYER LESS THAN TWO YEARS)
 CITY _____ STATE _____ ZIP _____
 TIME THERE ____ YRS ____ MOS OCCUPATION _____

YOUR SPOUSE'S EMPLOYMENT

CURRENT EMPLOYER _____ WORK PHONE () _____
 EMPLOYER'S ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TIME THERE ____ YRS ____ MOS OCCUPATION _____ YEARS IN FIELD ____
 (IF AT CURRENT EMPLOYER LESS THAN TWO YEARS)
 CITY _____ STATE _____ ZIP _____
 TIME THERE ____ YRS ____ MOS OCCUPATION _____

YOUR INCOME

MONTHLY GROSS SALARY AND WAGES \$ _____
 DIVIDEND AND INTEREST \$ _____
 OTHER INCOME (DESCRIBE)** \$ _____
(1) YOUR MONTHLY INCOME \$ _____

YOUR SPOUSE'S INCOME*

MONTHLY GROSS SALARY AND WAGES \$ _____
 DIVIDEND AND INTEREST \$ _____
 OTHER INCOME (DESCRIBE)** \$ _____
(2) SPOUSE'S MONTHLY INCOME \$ _____
TOTAL (1) AND (2) \$ _____

* You need not list your spouse's earnings unless he/she is jointly applying for this loan. However, if you are married you must answer the other questions about your spouse, even if he/she is not jointly applying for this loan.

** You do not have to list alimony, child support, or maintenance unless you want us to consider it in order to obtain this credit. If you are married, your earnings, your spouse's earnings and all "other income" are presumed to be community property unless you indicated otherwise.

BANKING INFORMATION

List all bank accounts in your name or in your spouse's name. If married, we will assume all assets are community property unless you indicate otherwise. (Attach a separate sheet if you need more space.)

ACCOUNT TYPE (Savings, Checking, etc.)	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE
			\$
			\$
			\$

LIABILITY SECTION

List all loans, charge accounts, and lines of credit in your name or in your spouse's name. If married, we will assume all assets are community property unless you indicate otherwise. (Attach a separate sheet if you need more space.)

NAME OF CREDITOR	ACCOUNT NUMBER	CREDIT LIMIT	BALANCE OWING	MONTHLY PAYMENT
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
			Total Monthly Payments	\$

CREDIT INSURANCE

Would you like information regarding payment protection? Yes No
 (NOT AVAILABLE AT THIS TIME)

AUTOMATIC PAYMENT TRANSFER SERVICE

If you would like to repay your loan through Community Bank of San Joaquin's Automatic Payment Transfer Service, please give the account number of the Community Bank of San Joaquin checking account or savings account you want to have charged for payments.

Checking Account Number: _____ Savings Account Number: _____

AGREEMENT

By signing, you: 1. Certify that the above information is true and complete as of the date below. 2. Agree that this application is the property of the Bank and need not be returned to you. 3. Authorize Bank to verify the accuracy and completeness of all information above and any source the Bank chooses. If you are married and applying for this loan in your name only, this authorization extends to verifying information about your spouse. 4. Authorize Bank to answer questions from and to furnish information to others about Bank's experience with you. 5. Authorize Bank to share this application or information contained in or related to it with affiliates of the Bank to determine your eligibility for other products or services offered by the Bank's affiliates, unless you write to the Bank at 22 W. Yokuts, Stockton, CA 95207, to advise that you do not want this information shared. 6. Authorize Bank to obtain from the Department of Motor Vehicles information about your current address, even though this information would not be available to the Bank without this authorization.

We may report information about your accounts to credit bureaus. Late payments, missed payments, or other defaults on your accounts may be reflected in your credit report.

Overdraft Protection Applicants: If more than one person signs this Application, you understand that each of you will have the right to use the Overdraft Protection Account to the extent of any credit limit and will be liable for all amounts extended under the Account; even if the Account exceeds the assigned credit limit. You agree to be bound by the terms of the Overdraft Protection Account received from the Bank if you are approved. BY SIGNING BELOW, YOU AUTHORIZE THE BANK TO CHARGE YOUR COMMUNITY BANK CHECKING OR SAVINGS ACCOUNT FOR THE MINIMUM MONTHLY PAYMENT.

X _____ X _____
 Your Signature Date Spouse's Signature (If Joint Applicant) Date

BANK USE SECTION

BRANCH	OFFICER NAME	DATE RECEIVED	OFFICER #	REFERRED BY	TELLER #
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