

**PRINT, FILL OUT AND FAX THIS FORM TO 410-529-1672
and someone will contact you soon.**

CUSTOMER'S DAYTIME CONTACT NUMBER: _____



Baltimore County Savings Bank

Administrative Offices

Mailing Address: P.O. Box 397, Perry Hall, MD 21128

Office Location: 4111 E. Joppa Road, Baltimore, MD 21236

p. 410-256-5000 e. info@bcsb.net

www.baltcosavings.com

AUTO/RV/MOTORCYCLE CREDIT APPLICATION

IMPORTANT: Read these directions before completing this Application.

Check
Appropriate
Box

If you are applying for an individual 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 only Sections A, C, D and E.

If you are applying for a joint account or an account that you and another person will use, complete all Sections, providing information in B about the joint applicant or user.

We intend to apply for joint credit. _____
Applicant Co-Applicant

If you are applying for an individual account, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony support, or maintenance payments or income or assets you are relying.

Amount Requested: \$ _____ **Term Requested:** _____

SECTION A - APPLICANT INFORMATION

Full Name (Last, First, Middle): _____ Birthdate: ____ / ____ / _____

Present Street Address: _____ Years there: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____ Cell Phone: _____

Social Security No.: _____ Driver's License No.: _____

Previous Street Address: _____ Years there: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____

Marital Status: Married Separated Unmarried
(unmarried includes single, divorced and widowed persons)

Present Employer: _____ Years there: _____ Telephone: _____

Position or Title: _____ Name of Supervisor: _____

Employer's Address: _____

Previous Employer: _____ Years there: _____ Telephone: _____

Previous Employer's Address: _____

Present Gross Salary or Commission: \$ _____ per _____ No. of Dependents: _____ Ages: _____

Other Monthly Income*: _____ Source: _____

Alimony, child support, separate maintenance received under: Court order Written Agreement Oral Understanding

*Alimony, child support or separate maintenance income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Is any income listed in this Section likely to be reduced before the credit requested is paid off?

Yes (Explain in detail on a separate sheet) No

Have you ever received any credit from us? _____ When? _____ Office: _____
 Checking Account No.: _____ Institution and Branch: _____
 Savings Account No.: _____ Institution and Branch: _____
 Name of nearest relative not living with you: _____ Telephone: _____
 Relationship: _____ Address: _____

SECTION B - CO-APPLICANT INFORMATION

Full Name (Last, First, Middle): _____ Birthdate: ___ / ___ / _____
 Present Street Address: _____ Years there: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____ Cell Phone: _____
 Social Security No.: _____ Driver's License No.: _____
 Previous Street Address: _____ Years there: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____
 Marital Status: Married Separated Unmarried
(unmarried includes single, divorced and widowed persons)
 Present Employer: _____ Years there: _____ Telephone: _____
 Position or Title: _____ Name of Supervisor: _____
 Employer's Address: _____
 Previous Employer: _____ Years there: _____ Telephone: _____
 Previous Employer's Address: _____
 Present Gross Salary or Commission: \$ _____ per _____ No. of Dependents: _____ Ages: _____
 Other Monthly Income*: _____ Source: _____

Alimony, child support, separate maintenance received under: Court order Written Agreement Oral Understanding
*Alimony, child support or separate maintenance income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Is any income listed in this Section likely to be reduced before the credit requested is paid off?
 Yes (Explain in detail on a separate sheet) No

Checking Account No.: _____ Institution and Branch: _____
 Savings Account No.: _____ Institution and Branch: _____
 Name of nearest relative not living with you: _____ Telephone: _____
 Relationship: _____ Address: _____

SECTION C - ASSETS OWNED (Use separate sheet, if necessary. If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A." If Section B was not completed, only give information about the Applicant in this Section.)

If this is a joint application, give all information pertaining to both applicant and co-applicant.

Description of Assets	Value	Subject to Debt? Y/N	Name(s) of Owner(s)
Cash	\$		
Automobiles (Make, Model, Year)			
Cash Value of Life Insurance (Issuer, Face Value)			
Real Estate (Location, Date Acquired)			
Marketable Securities (Issuer, Type, No. of Shares)			
Other (List)			
Total Assets	\$		

