

**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

MARINE FINANCING 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, B, 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.

SECTION A: BOAT DATA									
Seller's Name and Address									
<input type="checkbox"/> New <input type="checkbox"/> Used	Year Built	Manufacturer	Model	L/O/A	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel	<input type="checkbox"/> Single <input type="checkbox"/> Twin	Horsepower	
Selling Price \$		Total Down Payment \$	Cash \$	Trade-in \$	Amount to Finance \$		Term		
Description of Trade-In									
Year Built	Manufacturer	Model	L/O/A	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Metal	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel	<input type="checkbox"/> Single <input type="checkbox"/> Twin	Horsepower		
If seller is private party, does seller have free and clear title to boat? <input type="checkbox"/> Yes <input type="checkbox"/> No					Account Number				
If no, what is name of lienholder?									
If used boat, complete the following:									
Home Port	Coast Guard official number of Maryland Title Number		Date of Last Survey	Name and Address of Surveyor					

SECTION B: 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:						
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <small>(unmarried includes single, divorced and widowed persons)</small>			Email:					

SECTION B: APPLICANT INFORMATION continued			
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: <input type="checkbox"/> Court order <input type="checkbox"/> Written Agreement <input type="checkbox"/> 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? <input type="checkbox"/> Yes (Explain in detail on a separate sheet) <input type="checkbox"/> 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 C: 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:
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (unmarried includes single, divorced and widowed persons)		Email:
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: <input type="checkbox"/> Court order <input type="checkbox"/> Written Agreement <input type="checkbox"/> 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? <input type="checkbox"/> Yes (Explain in detail on a separate sheet) <input type="checkbox"/> 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 Co-Applicant, User or Other Party:			Telephone:
Relationship:	Address:		

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

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	\$		

SECTION E - OUTSTANDING DEBTS (include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet, if necessary.)

Creditor	Type of Debt or Acct. No.	Name in Which Acct. Carried	Original Debt	Present Balance	Monthly Payments	Past Due? Y/N
1. Landlord or Mortgage Holder	Rent Payment or Mortgage Payment		\$	\$	\$	
2.						
3.						
Total Debts			\$	\$	\$	

Are you a co-maker, endorser or guarantor on any loan contract? Yes No

If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgements against you? Yes No

Amount _____ If yes, to whom owed? _____

Have you been declared bankrupt in the last 14 years? Yes No

If yes, where? _____ Year _____

Other Obligations (e.g., liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

Everything 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. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant Signature

Date

Co-Applicant Signature (where applicable)

Date

Co-Applicant Signature (where applicable)

Date