



P.O. Box 500
 Richland, WA 99352
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 www.gesa.com

CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER - APPLICANT	ACCOUNT NUMBER - CO-APPLICANT	DATE
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Applicant Information PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:
 (M = Married, I = Single, U = Unmarried) _____

2. Married applicants can apply for an individual loan. Indicate if You want an:
 Individual Loan Joint Loan with Your Spouse/Co-Applicant

3. Method of Payment:
 Automatic Share Transfer Cash Payment

4. Frequency of Payment: _____

5. Complete Spouse/Co-Applicant Information only if:
 a. This is for a joint account with Your Spouse or other Co-Applicant.
 b. Your Spouse will use Your Account.
 c. You are relying on Your Spouse's income as a source of repayment for the credit requested.
 d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico).

6. Definitions:
 Whenever used in this application, the words "You" and "Your" refer to the Applicant/Co-Signer/Guarantor and any Spouse/Co-Applicant, and the words "We", "Us", and "Our" refer to the Lender.

<p>Open-End Credit Applied For:</p> <input type="checkbox"/> _____ - Limit Desired \$ _____ <input type="checkbox"/> _____ - Limit Desired \$ _____ <input type="checkbox"/> _____ - Limit Desired \$ _____ <input type="checkbox"/> _____ - Limit Desired \$ _____ <input type="checkbox"/> _____ - Limit Desired \$ _____	<p>Closed-End Credit Applied For:</p> Type: <input type="checkbox"/> New Auto <input type="checkbox"/> Used Auto <input type="checkbox"/> Signature <input type="checkbox"/> Other (specify) _____ Amount Requested \$ _____ Length of Repayment Mos. _____ Purpose _____ Collateral Offered _____
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There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (888) 946-4372 or by writing Us at P.O. Box 500, Richland, WA 99352.

APPLICANT

FIRST NAME/INITIAL/LAST NAME _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE _____

CURRENT STREET ADDRESS _____ APT. NO. _____ SINCE (MO. YR.) _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ DRIVER'S LICENSE NO./STATE _____

FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS) _____ YEARS THERE _____

DO YOU: OWN RENT OTHER HOME TELEPHONE _____ NO. OF DEPENDENTS _____ AGES OF DEPENDENTS _____

MOTHER'S MAIDEN NAME _____ EMAIL ADDRESS _____

NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU _____

SPOUSE/CO-APPLICANT/CO-SIGNER

FIRST NAME/INITIAL/LAST NAME _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE _____

CURRENT STREET ADDRESS _____ APT. NO. _____ SINCE (MO. YR.) _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ DRIVER'S LICENSE NO./STATE _____

FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS) _____ YEARS THERE _____

DO YOU: OWN RENT OTHER HOME TELEPHONE _____ NO. OF DEPENDENTS _____ AGES OF DEPENDENTS _____

MOTHER'S MAIDEN NAME _____ EMAIL ADDRESS _____

NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU _____

EMPLOYMENT AND INCOME If self-employed, attach financial statement or income tax returns.

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) _____ FT/PT _____ EMPLOYMENT DATE _____

ADDRESS/CITY/STATE/ZIP _____

WORK TELEPHONE _____ POSITION _____ MO. GROSS INCOME \$ _____

FORMER EMPLOYER _____ POSITION _____ YEARS THERE _____

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) _____ FT/PT _____ EMPLOYMENT DATE _____

ADDRESS/CITY/STATE/ZIP _____

WORK TELEPHONE _____ POSITION _____ MO. GROSS INCOME \$ _____

FORMER EMPLOYER _____ POSITION _____ YEARS THERE _____

OTHER INCOME You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

TYPE OF OTHER INCOME _____ MONTHLY AMOUNT \$ _____

NAME AND ADDRESS OF PAYER _____

TYPE OF OTHER INCOME _____ MONTHLY AMOUNT \$ _____

NAME AND ADDRESS OF PAYER _____

ASSETS AND DEPOSITS Attach a separate sheet if necessary.

TYPE	FINANCIAL INSTITUTION NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED \$ _____		
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED \$ _____		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE \$ _____	APPROX. VALUE \$ _____	

TYPE	FINANCIAL INSTITUTION NAME & ADDRESS	ACCOUNT NO.	INTEREST RATE	APPROX. BAL.
CAR 1 - YR. - MAKE - MODEL		BALANCE OWED \$ _____		
CAR 2 - YR. - MAKE - MODEL		BALANCE OWED \$ _____		
HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED		PURCHASE PRICE \$ _____	APPROX. VALUE \$ _____	

CREDIT INFORMATION Please list all open accounts with or without a balance. Attach separate sheet if necessary.

A = Applicant C = Spouse/Co-Applicant
D = Debts to be paid off if loan is granted

PLEASE CHECK			OBLIGATIONS	LENDER (OR OTHER) NAME & ADDRESS LIST ALL OBLIGATIONS, INCLUDING CREDIT UNION LOANS	ACCOUNT NUMBER	INTEREST RATE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT
A	C	D							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Please answer the following questions. If a yes answer is given, explain on an attached sheet.				A Yes No		C Yes No		TOTALS		\$	\$				
1. Have You filed a petition for bankruptcy in the last 14 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please Check: A = Applicant/Co-Signer C = Spouse/Co-Applicant				A Yes No	C Yes No		
2. Have You ever had any auto, furniture or property repossessed?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have You any obligations not listed?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Do You have any past due bills?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have You ever had credit in any other name? What Name _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Is any income You have listed likely to reduce in the next 2 years?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have You any suits pending, judgments filed, alimony or support awards against You?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____							

OPTIONAL DEBT CANCELLATION COVERAGE

An appropriate application/disclosure will be furnished at the time Your credit is approved.

PLEASE CHECK THE APPLICABLE BOX(S) BELOW.

You are interested in Death, Disability and Involuntary Unemployment Coverage— single coverage joint coverage

You are interested in Death and Disability Coverage— single coverage joint coverage

You are interested in Death Coverage — single coverage joint coverage

You are not interested in Debt Cancellation Coverage

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement and promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. If You are issued an ATM card, debit card or credit card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance, and/or Personal Line of Credit balance created through the use of Your ATM card or debit card.

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

APPLICANT SIGNATURE	SPOUSE/CO-APPLICANT/CO-SIGNER SIGNATURE
DATE	DATE

LOAN REVIEW COMMITTEE

LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO LC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.	LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED.
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DESCRIBE COUNTER OFFER:

SPECIFIC REASON(S) FOR REJECTION/APPROVAL:

LOAN OFFICER SIGNATURE	DATE	ADDITIONAL INFORMATION:
CREDIT MANAGER OR OTHER	DATE	

ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON _____ (DATE) BY _____