ROCKLAND TRUST

Catherine Leahy Brine Educational Consultants, Inc.

Consumer Credit Application

__ Joint Application __ Individual Application Loan Purpose _____

Term Requested: _____ Amount Requested: _____
Collateral Available: _____

Applicant	Co-Applicant
Name:	Name:
Residence Address:	Residence Address:
City:	City:
State: Zip:	State: Zip:
Mailing Address (if different than Residence):	Mailing Address (if different than Residence):
Social Security #:	Social Security #:
Date of Birth:	Date of Birth:
Home Phone:	Home Phone:
Own or Rent:	Own or Rent:
Years There: Monthly Payment:	Years There: Monthly Payment:
Employers Name: Address:	Employers Name: Address:
Position: Years there:	Position: Years there:
Business Phone:	Business Phone:
Gross Monthly Salary:	Gross Monthly Salary:
Mother's Maiden Name:	Mother's Maiden Name:
Nearest relative not living with you: Phone:	Nearest relative not living with you: Phone:

Banking Information

Checking Bank:	Checking Bank:
Account Number:	Account Number:
Balance:	Balance:
Savings Bank:	Savings Bank:
Account Number:	Account Number:
Balance:	Balance:
Auto Deduction ☐ Yes ☐ No	Auto Deduction ☐ Yes ☐ No

Other Income: You need not declare income from alimony, child support, or separate maintenance unless you wish such income considered for additional credit. List sources and monthly amounts. (Applicant or Co-Applicant)

$_____

Other Income Sources

Applicant Signature(s): Everything stated in this application is true. The Bank is authorized to check my/our credit and employment history and to provide information to others about your credit experience with me/us. I/We agree that the use of the account will be subject to terms provided in the disclosure/agreement.

_____ _____

Signature of applicant Date Signature of co-applicant Date

For Bank Use Only

Identification Type	Identification Type
Issuer	Issuer
Number	Number
Issue Date	Issue Date