

# First State Bank of Colorado

## REDI-RESERVE APPLICATION

Please Print and Complete All Requested Information  New Redi-Reserve Account - Request \$ \_\_\_\_\_

Checking Account # \_\_\_\_\_  Increase Limit to Redi-Reserve Account - Request \$ \_\_\_\_\_

If you are applying for joint credit with another person, complete all Sections providing information in B about the joint applicant.

WE INTEND TO APPLY FOR JOINT CREDIT: (APPLICANT) \_\_\_\_\_ (CO-APPLICANT) \_\_\_\_\_

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

#### SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First Middle)			AGE		BIRTH DATE		ARE YOU A U.S. CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF U.S. PERSON OR NON U.S. (Complete all that apply)	DRIVERS LICENSE NO.		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		SOCIAL SECURITY NO. or TAX I.D. NO.
	STATE ID CARD NO.		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		OTHER (MILITARY ID, TRIBAL ID, ETC.)
	PASSPORT NO. & COUNTRY OF ISSUANCE:		INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO. BUT HAVE FILLED APPLICATION FOR ONE, WHEN FILED:		GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:		OTHER
PRESENT ADDRESS (Street, City, State, & Zip)						PHONE		HOW LONG AT PRESENT ADDRESS?
LANDLORD OR MORTGAGE HOLDER <input type="checkbox"/> RENT <input type="checkbox"/> OWN		NAME IN WHICH ACCOUNT IS CARRIED			ORIGINAL DEBT	PRESENT BALANCE		MO RENT/PMT.
					\$	\$		\$
PREVIOUS ADDRESS (Street, City, State, & Zip)						EMAIL ADDRESS		HOW LONG AT PREVIOUS ADDRESS?
PRESENT EMPLOYER (Company Name & Address)								
HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE			NAME OF SUPERVISOR			BUSINESS PHONE Ext.	
PREVIOUS EMPLOYER (Company Name & Address)								HOW LONG WITH PREVIOUS EMPLOYER?
YOUR PRESENT <b>GROSS</b> SALARY OR COMMISSION		YOUR PRESENT <b>NET</b> SALARY OR COMMISSION			NO. DEPENDENTS		AGES OF DEPENDENTS	
\$	PER	\$	PER					

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

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

OTHER INCOME		SOURCES OF OTHER INCOME		Total \$	
\$	PER				
Have you ever received credit from us?		<input type="checkbox"/> No <input type="checkbox"/> Yes - When?		Checking Account No. .... Where? .....	
				Savings Account No. .... Where? .....	
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP		TELEPHONE NO. (Include Area Code)
1.					
2.					

#### SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)

FULL NAME (Last, First Middle)			AGE		BIRTH DATE		ARE YOU A U.S. CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF U.S. PERSON OR NON U.S. (Complete all that apply)	DRIVERS LICENSE NO.		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		SOCIAL SECURITY NO. or TAX I.D. NO.
	STATE ID CARD NO.		STATE	DATE OF ISSUANCE		DATE OF EXPIRATION		OTHER (MILITARY ID, TRIBAL ID, ETC.)
	PASSPORT NO. & COUNTRY OF ISSUANCE:		INDIVIDUAL TAXPAYER ID NO.	NO TAXPAYER ID NO. BUT HAVE FILLED APPLICATION FOR ONE, WHEN FILED:		GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE:		OTHER
RELATIONSHIP TO APPLICANT (if Any)		PRESENT ADDRESS (Street, City, State, & Zip)						HOW LONG AT PRESENT ADDRESS?
PRESENT EMPLOYER (Company Name & Address)							HOME PHONE	
HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE			NAME OF SUPERVISOR			BUSINESS PHONE Ext.	
PREVIOUS EMPLOYER (Company Name & Address)								HOW LONG WITH PREVIOUS EMPLOYER?
YOUR PRESENT <b>GROSS</b> SALARY OR COMMISSION		YOUR PRESENT <b>NET</b> SALARY OR COMMISSION			NO. DEPENDENTS		AGES OF DEPENDENTS	
\$	PER	\$	PER					
OTHER INCOME		SOURCES OF OTHER INCOME						
\$	PER							

Redi-Reserve Account: I/we agree and understand to be bound by the Redi-Reserve Account Agreement, together with all amendments thereto; that the Bank will retain this application whether or not it is approved; that everything on this application is correct to the best of my knowledge; that the Bank is authorized to check my/our credit and employment history and to answer questions about my/our credit experience with the Bank; and the non-refundable Annual Fee will be charged to my/our Redi-Reserve Account as provided for in the Agreement.

Signature (Individual) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Other Party) \_\_\_\_\_ Date \_\_\_\_\_

For Bank Use Only	Amount Approved: _____
<input type="checkbox"/> ERR	By: _____
	Date: _____