

PINNACLE FINANCIAL GROUP

Co-Applicant - Part 2

The Applicant must complete Part 1 and sign this Application. If the Applicant is relying on the assets or income of another person to repay the credit requested, or if another person will be permitted to use the credit or will be contractually liable to repay the credit, that person should complete Part 2 and sign the Application.

Applicant's Full Name		Your Social Security #		Date of Birth (MM/DD/YY)	
Number of Dependents:		Email Address:			
Current Address		Rent <input type="checkbox"/>	Own <input type="checkbox"/>	How Long There?	Monthly Mort/RentPmt. \$
City	State	Zip	Home Phone# ()	Mort/Landlord's Name	Phone# ()
Previous Address				How Long There?	
City	State	Zip	Prior Landlord's Name		Phone# ()
Current Employer		Telephone # ()	Position	How Long There?	Gross Mnthly Pay \$
Address		City	State	Zip	Supervisor's Name
Previous Employer		Position	How Long There?	Reason For Leaving	
City	State	Supervisor's Name			Phone# ()
Existing Creditors: Name		Balance Owning		Monthly Payment	
				\$	
				\$	
				\$	
Bank Name		Checking Account #			
Bank Name		Savings Account #			
Have you ever filed for Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, When?		
Are you Paying Alimony or Child Support? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, How Much?		How Often?
Please indicate below information on other income you want us to consider in granting credit, i.e. child support or maintenance, alimony, social security, pension or disability. THIS INFORMATION IS OPTIONAL AND IS NOT REQUIRED.					
Additional Income Source		Provider's Name		Monthly Amount	

ALL THE INFORMATION GIVEN ON THIS APPLICATION IS TRUE CORRECT AND COMPLETE AND I HAVE NOT OMITTED ANY MATERIAL INFORMATION. THIS APPLICATION FOR CREDIT MAY BE SUBMITTED BY PINNACLE FINANCIAL GROUP (THE "CREDITOR") TO VARIOUS FINANCIAL INSTITUTIONS FOR CONSIDERATION, OR TO ANY ASSIGNERS OF THE CREDITOR OR SUCH FINANCIAL INSTITUTIONS. I UNDERSTAND THAT THE CREDITOR AND SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNERS WILL RELY ON THIS APPLICATION IN DECIDING WHETHER TO GRANT THE REQUESTED CREDIT AND WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I AUTHORIZE THE CREDITOR AND SUCH OTHER FINANCIAL INSTITUTIONS AND/OR ASSIGNERS TO CHECK MY CREDIT AND EMPLOYMENT HISTORY. I AUTHORIZE A CONSUMER CREDIT REPORT BE OBTAINED FROM ANY OF THE CREDIT REPORTING AGENCIES (CREDIT BUREAUS) TO VERIFY THIS INFORMATION OR ANY UPDATES, RENEWALS, OR EXTENSIONS OF ANY CREDIT GRANTED AS A RESULT OF THIS APPLICATION. UPON REQUEST, THE CREDITOR AND/OR ASSIGNERS WILL TELL ME WHETHER OR NOT A CONSUMER REPORT WAS OBTAINED AND FURNISH ME WITH THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY. I AUTHORIZE THE CREDITOR AND/OR ASSIGNEE TO GIVE INFORMATION ABOUT THIS CREDIT APPLICATION AND ITS CREDIT EXPERIENCE WITH ME TO OTHERS.

Joint Applicant's Signature

Date