Attention Applicants

This Department will only accept:

- Current application documents
- Legibly completed forms
- Complete application packets.
  Refer to the instructions & checklist provided

Make all checks payable to:

"Arizona Department of Financial Institutions"

and

Mail the entire completed application packet all together to:

Arizona Department of Financial Institutions
Licensing Division
2910 N. 44th Street, Suite 310
Phoenix, AZ 85018

Make Copies of Your Entire Application Package Before Submission

- The Department cannot make copies for you.
  and
- If there are questions during the processing of your application, you will have the information available for reference.

Application Instructions for License under Arizona Revised Statutes 6–601 through 6–675 et Seq.
Arizona Administrative Code R20-4-501 through R20-4-536.

Please Read The Following Carefully Before You Complete The Enclosed Documents.

The enclosed application package is to be used by all applicants: individuals, partnerships, corporations or business trusts. Until the Superintendent of Financial Institutions has issued the license to you, you cannot conduct the activity of a Consumer Lender banker as defined in Arizona Revised Statutes 6–601 through 6–675.

To Submit an Application to the Arizona Department of Financial Institutions you *must* have the following completed with the appropriate agencies and a copy of the approved document(s) attached to your application.
Application Name – Name Sensitive: The application name must be identical on all forms (e.g., articles, application, trade name certificate, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, L.L.C." would not be "Company Name LLC"). Failure to submit the required documents will delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us.	Arizona Secretary of State 14 N. 18th Avenue, Phoenix, AZ 85007 Telephone (602)542-6187 or www.azsos.gov

If you wish to apply as a:

Corporation: Contact the Arizona State Corporation Commission. You *must* submit an approved copy of your articles of incorporation and any amendments thereto with your application.

Foreign Corporation: Contact the Arizona State Corporation Commission. If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

Limited Liability Company: Contact the Arizona State Corporation Commission. They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

If you wish to apply as a:

Partnerships: Contact the Secretary of State. Limited Partnership's or Foreign Limited Partnership's *must* provide an approved copy of your partnership agreement.

Sole Proprietorship / Individual: Contact the Secretary of State. *must* use his or her own name when filing as an individual, otherwise you must register your DBA or trade name, see DBA/Trade Name below.

DBA/Trade Name: Contact the Secretary of State. To do business under a "DBA" or a "trade name", you must register your DBA or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application. You are allowed to do business in Arizona under one name only.

Do not forward your application to this Department until you have received your approved documents from the **Arizona State Corporation Commission and/or the Arizona Secretary of State.**

Qualifications:

In order to qualify for the license the applicant must;

Provide the superintendent with a current (most recent quarter end) financial report prepared and signed by one of the top (5) officers of the company in accordance with generally accepted accounting principles and practices.

Provide Personal Financials on all owners of company applying.

Report the licensee's standard annual percentage rate or range of annual percentage rates in effect at that time on the types of loans listed pursuant to A.R.S. 6–609 & 6–632.

Have readily available for use in the business assets of twenty-five thousand dollars ($25,000) for each licensed office location (principal office and branch offices).

Personal History Statement (PH) and Fingerprint Card (FP): If the applicant is an individual, he/she must complete both the PH and FP documents. If the applicant is a corporation a PH and FP must be completed by each of the (5) highest corporate officers and by the manager who must also be an employee and active in the management of the corporation. In the event, the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH and FP. Each member of a Limited Liability Company and all partners in a partnership must complete the PH and FP. Again, do not leave any questions unanswered. Fingerprints must be done by a law enforcement agency. Prior to submitting a completed application, you will need to request the appropriate number of fingerprint cards from this website. Fingerprint fees must be submitted on a separate check from all other fee types. The PH and FP must be submitted to this department as part of the original application package. Our fingerprint cards must be used. Review Fingerprint Card Instructions sheet enclosed**.** The FBI will reject incorrect card processing and retakes will be required. (1 card per person)

Verification of Licenses Issued by Other States: If applicant holds like or similar licenses from other states, you will need to provide the Department with copies of these licenses with your application. If you are licensed in more than five (5) states, only provide the Department with copies from five (5) states. Example: If you are licensed in 30 states as a mortgage broker then you would only send us copies of current licenses from (5) states.

Fees: You must provide one check for the application fee and one check for the fingerprint processing fee(s). The non-refundable fifteen hundred dollar ($1,500) application fee and the twenty nine dollar ($29.00) fingerprint processing fee for each fingerprint card, must be submitted together with the completed application forms. Do not send the licensing fee with your application. The licensing fee of one thousand dollars ($1,000.00) and is pro-rated by quarter. Upon application approval, this Department will notified you of the pro-rated licensing fee.

Application: To apply for licensing, complete all enclosed forms. Do not leave any questions unanswered. If a question does not apply to you or if, the answer to the question is 'none', so state on the application. Information cannot be copied from other documents that you may have submitted previously. We do not accept applications that are not completely filled out. Make photocopies of the completed forms for your records, this department will not provide them for you. Be sure to review the *CheckList* provided.

Process Time: The time it takes to process an application is dependent on the completeness and accuracy of the forms submitted. If the submitted forms are not properly completed, they will be returned to you. This may result in a substantial delay. Be sure to review the *CheckList* provided. In the event, your application is returned to you, or if the licensing section requests additional information, your prompt response will help reduce the processing time. If you fail to provide the necessary information needed to make our decision within the statutory required time frame, your license application will be withdrawn and you will have to reapply.

The licensing year is July 1 through June 30. If a license is issued to you on or prior to June 30, you must renew. It would benefit you to consider this when making initial application. You may choose to delay the issuance of the license until July 1 if you submit your application no more than forty-five (45) days prior (May 18) to the new licensing year and your written request of postponement accompanies your application.

Licensee Information:

Annual Report: Each licensee shall annually, on or before October 1, file a report for the preceding fiscal year ending June 30 with the superintendent.

Renewal Fees: This department must receive the annual renewal fee by June 30. The license year is from July 1 through June 30. A fee of one thousand dollars ($1,000.00) is due, plus an addition two hundred dollars ($200.00) for each branch office.We suggest that in order to ensure timely renewal of your license(s) you should establish an internal procedure which guarantees that your renewal fee payment is received by this department no later than June 30. It is the licensee's responsibility to make sure that they receive their renewal forms, which are usually sent out six (6) weeks prior to June 30. The Department does not recognize Post Dates as timely filing. If the renewal form is not in our office on or before June 30, it is consider late and therefore will be cancelled.

Changes to Your License: Business name, address, phone number, officers, or a change of control. If any of the these items change after you have received your license you must report the change in writing to the Department immediately.

Change of Control: A Consumer Lender license is not transferable or assignable, and no person may acquire control of a licensee through stock purchase or other device without the prior written consent of the superintendent. The superintendent may refuse consent if the superintendent finds that any of the grounds for denial of renewal, revocation or suspension of a license prescribed in section 6–605 are applicable to acquiring person. For purposes of this subsection, "control" means the power to vote more than twenty per cent of the outstanding voting shares of a licensed corporation, limited liability company, partnership, association or trust.

Definitions

- **Consumer Loan:** the direct closed end loan of money in an amount of ten thousand dollars or less that is subject to a finance charge.
- **Consumer Revolving Loan:** an open end revolving loan that is established pursuant to an agreement with an agreed on credit limit that does not exceed ten thousand dollars, that the consumer may pay in full at any time but has the privilege of paying in installments and that contemplates or provides that advances may be obtained from time to time by the consumer, through checks, drafts, items, credit access devices, orders for the payment of money, evidences of debt or similar means, whether or not negotiable.
- **Home Equity Revolving Loan:** an open end revolving that is made pursuant to an agreement with an agreed on credit limit that is more than ten thousand dollars but not more than twenty-five thousand dollars, that is secured by the consumer's principal residence and that provides that advances may be obtained from time to time by the consumer through checks, drafts, items credit access devises, orders for the payment of money, evidences of debt or similar means, whether or not negotiable.
- **Educational Loan:** a loan or other aid or assistance for the purpose of furthering the education of a consumer or a relative or a consumer at an accredited or approved university, college, community college, junior college, technical, vocational or professional school, or similar institution.

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at azdfi.gov. They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or www.azsos.gov

All fees charged are authorized, pursuant to, A.R.S. Section 6–126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6–1301 through 6–1310	60
Collection Agencies	A.R.S. Section 32–1001 through 32–1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6–971 through 6–985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6–601 through 6–675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6–701 through 6–716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6–1251 through 6–1263	120
Escrow Agents	A.R.S. Section 6–801 through 6–847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6–1201 through 6–1219	120
Mortgage Brokers	A.R.S. Section 6–901 through 6–910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6–941 through 6–948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44–281 through 44–295	45
Premium Finance Companies	A.R.S. Section 6–1401 through 6–1419	120
Trust Companies	A.R.S. Section 6–851 through 6–867 Rules R20-4-801 through R20-4-816	150

Consumer Lender Application

Check List

- ☐ One check for the $1,500 application fee.
- ☐ and one check for the total number of fingerprint cards (1 card per person)
  $29.00 fee per fingerprint card (# of cards _____ x fee = $ _____)
- ☐ Application: Name Sensitive (signed and notarized)
- ☐ Surrender Agreement: Name Sensitive (signed and notarized)
- ☐ W-9 Form/Request for Taxpayer Identification
- ☐ Current (most recent quarter end) Financial Statements ☐ Personal or ☐ Corporate
- ☐ Personal Financials (See Page 2 of the Instruction sheet)
- ☐ Assets Readily Available in Business ☐ $25,000 (For Each Arizona Location)
- ☐ Standard Annual Percentage Rates Report

The following items if applicable:

- ☐ Articles Of Incorporation (approved copy) ☐ Amendments (approved copy)
- ☐ Articles Of Organization (approved copy) ☐ Amendments (approved copy)
- ☐ Partnership Agreement (approved copy)
- ☐ Foreign Authority (approved copy)
- ☐ Certificate of Good Standing
- ☐ Trade Name Certificate (approved copy)
- ☐ Current Financial Statement on Parent Company
- ☐ Enclose copies of licenses held in other states (up to 5)

For Each of the Top 5 Officers and the Arizona Operations Manager (AOM):

- ☐ Personal History Statements (signed and notarized in both locations)
- ☐ Driver License copies (an Arizona license copy for AOM)
- ☐ Fingerprint Cards (Top portion identification data must be completed)
- ☐ Letter of Explanation for Derogatory Credit and/or Criminal History Issues

Did You Remember To:

- ☐ Answer all questions on all forms or complete with “None” or “N/A”
- ☐ Sign and Notarize all documents where applicable
- ☐ Make copies of the completed application packet for your records
- ☐ Type or print all information an all documents

You need to know, and have in your possession, a copy of the Arizona Revised Statutes that pertain to your license type. We suggest you keep these instructions for quick reference in the future.

Make checks payable to: Arizona Department of Financial Institutions

Fingerprints must be done by a Law Enforcement Department.
See Arizona Administrative Code R20-4-103.

See Application Instructions under "Personal History Statement & Fingerprint Card" for fingerprint instructions; then order your fingerprint cards from our Department. To request fingerprint cards, go to the Licensing page of our website azdfi.gov or fax us your request at (602) 381-1225.

Fingerprint cards are forwarded to the Arizona Department of Public Safety for processing by the Federal Bureau of Investigation. The FBI sets the following rules for the submission of fingerprint cards:

One Card Per Person

- ORI Field on fingerprint card must have Phoenix, AZ information or be blank. It cannot have another State's information in that field. Do not use white out material.
- Do not use a highlighter on the fingerprint card. The FBI's scanners cannot record the information if card contains highlighter.
- Do not overlap the borders of the block in which you enter information. The scanners cannot read information that overlaps the block.
- Do not use whiteout on the fingerprint card. If information on the card needs to be changed, you may use a white address label affixed within the blue borders of the block.
- Do not overlap any information into the actual fingerprint area.
- Do not enter any information in the block entitled "Employer and Address". The Department will enter this information.
- Do not enter any information in the block entitled "Reason Fingerprinted". The Department will enter this information.
- Do not alter any preprinted information on the fingerprint card.

Failure to adhere to these guidelines may result in the fingerprint card being returned and a new card required to be submitted.

Fingerprint fees must be on a separate check if other fees are being enclosed.

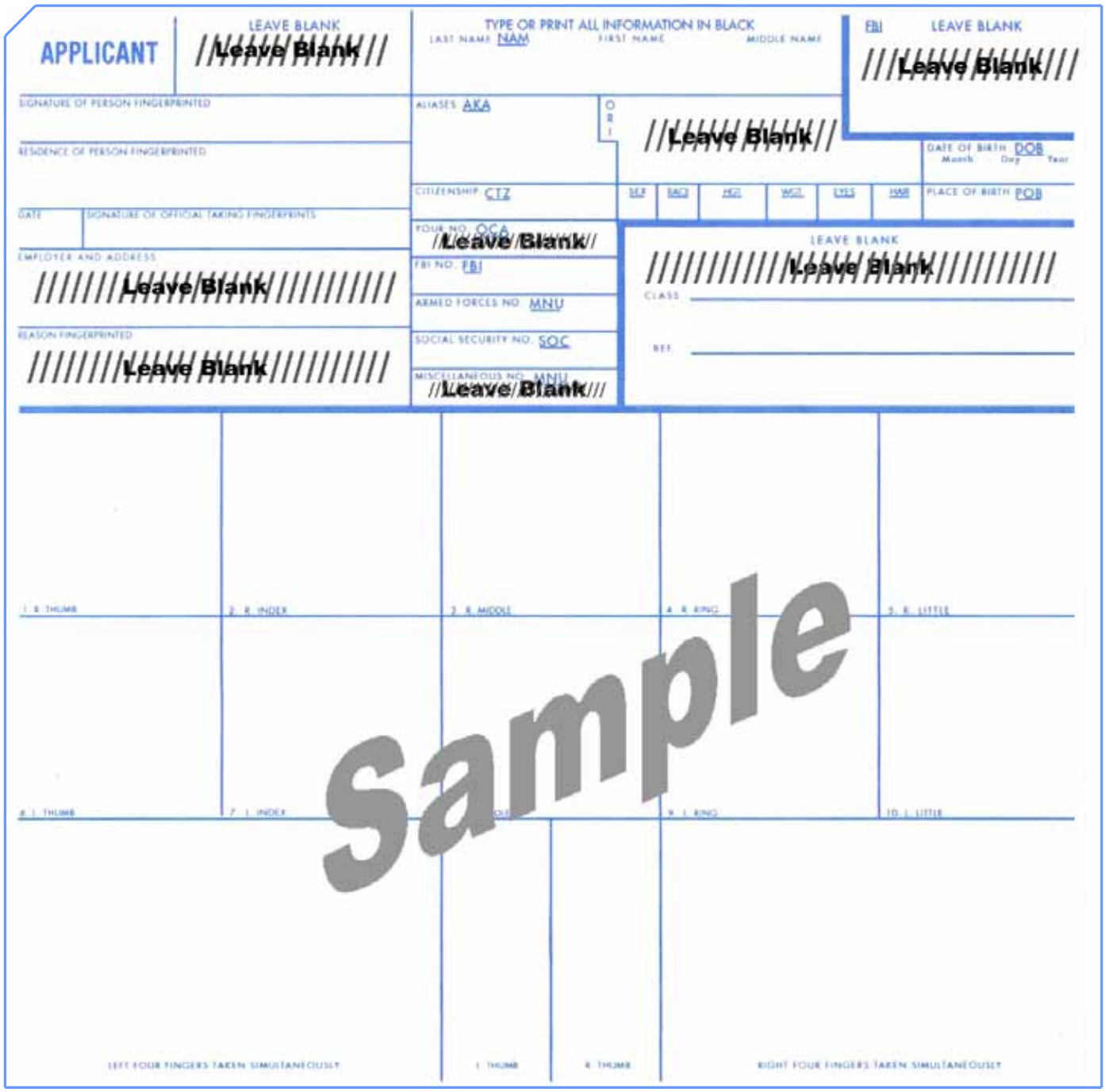
Make check payable to: Arizona Department of Financial Institutions

Note

You may use any fingerprint card that is identical to the one show below, as long as there is no preprinted information on the card. All fields must be blank unless received from the Arizona Department of Financial Institutions.

Do not write in any field marked "Leave Blank". Complete all remaining identifying information fields. If there are fields that do not apply, enter N/A.

Review fingerprint card instructions above.



Consumer Finance Company

Name of Licensee _____ License # _____ Effective Date _____

Pursuant to A.R.S. §6–609, standard rate of charge or range of rates in effect on the following prescribed types of loans are:

Loan Type	Rate / Range *
$500/12 Month Installment - Loan Unsecured	
$2,500/36 Month Installment - Loan/Secured by a Motor Vehicle	
$9,000/120 Month Installment - Loan/Fully Secured by Real Property	
A consumer revolving loan account with an agreed on credit limit of $3,000	
A home equity revolving loan account with an agreed on credit limit of $10,000	
Prepaid finance charges or points charged in connection with a home equity revolving loan account with an agreed on credit limit of $10,000	

*Rates are expressed as an Annual Percentage Rate (A.P.R.) as defined by the Federal Consumer Credit Protection Act, 15 United States Code, Section 1606.

_____ ( ) -

Print Name Title Phone No.

_____

Signature Date

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

_____
(Name of Company)

By: _____ *(print)* _____
(Signature of Principal Officer) *(Name of Principal Signer)*

Date: _____ *(print)* _____
(Title of Principal Signer)

NOTARIZATION OF SIGNATURE

State of _____)
) ss.
County of _____)

Subscribed and Sworn to before me, this *day of* _____

year of _____ *at* _____
(City and State)

_____
Notary Public

My Commission expires _____

Consumer Lender Application

Application

Type or print all information
Do not leave blanks. If not applicable use "None" or "N/A."
Make additional copies of any page or attach a separate sheet if addition space is necessary.

Filling Status (check one): Tax ID# _____

☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Individual ☐ Business Trust ☐ Other

To The Superintendent Of Financial Institutions

Application is hereby made for a license under the laws of the State of Arizona relating to the establishment and operation of CONSUMER LENDERS, Arizona Revised Statutes (A.R.S.) Chapter 5, Section 6–601 to 6–675 and Arizona Administrative Code (A.A.C.) R20-4-501 through R20-4-536.

1. _____
(Arizona Company Name that has been approved for use by the Arizona Corporation Commission)

2. _____
DBA: Not Required – as issued by the Arizona Secretary of State

3. _____
Principal Office – (Street Address) (City) (State) (Zip)

(____) - _____ (____) - _____ (____) - _____
Telephone No. Fax No. Toll Free No.

_____
Business: Web Page Address and E-mail Address

4. _____
Mailing Address
(____) - _____ (____) - _____ (____) - _____
Telephone No. Fax No. Toll Free No.

5. _____
Corporate Office or Home State - Name & Address (Street, City, State & Zip)

(____) - _____ (____) - _____ (____) - _____
Telephone No. Fax No. Toll Free No.

6. _____
Parent Company Name & Address – if applicable: (required to provide financials)

(____) - _____ (____) - _____ (____) - _____
Telephone No. Fax No. Toll Free No.

7. If applicable: a. State Incorporated _____ and date____/____/____

b. Date of foreign authorization to conduct business in Arizona ____/____/____

8. **Show Ownership Interests – Must Be Completed – Please Read This Question Carefully:** All owners, shareholders shares must total 100% of outstanding votable stock, if a corporation; partners if a partnership; members if a limited liability company; or a sole proprietor. If applicant is owned by other company(s), include a copy of that company's individual ownership/shareholders interest, (this means, show the individuals who are major stockholders and/or who are responsible for making the decisions of that particular company). Also provide a copy of that company's "Financials" and "Articles of Incorporation". Express ownership as a percentage, which must equal 100%. (If more space is needed, attach separate sheet.) *You will need to keep this information current with our Department at all times in the future if the license is issued.*

- If this company is owned by individuals they will need to complete the personal financial form enclosed.

Name of Owner	Percent %	Name of Owner	Percent %

9. _____
Name of the Arizona operations manager (Person who is responsible for the Arizona location(s) – if applicable)

_____ ( ) -
Street address *City* *State* *Zip* *Telephone*

10. List the Top (5) persons of the company. Provide the needed information below for: an individual; principal officers if a corporation; or members if a limited liability company; or trustees is a business trust; or partners if a partnership. *(You will need to keep this information current with our Department at all times in the future if the license is issued.)*

Last Name First Name Official Title Address Year in Business

a. _____

b. _____

c. _____

d. _____

e. _____

11. Add any locations as Branch Offices if they are contacting Arizona residents. Application fee per branch $500.00. (Use a separate sheet for additional branches if necessary.) Do Not Include the Principal Location as a Branch.

Address City State Branch Overseer Phone

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

12. Is any owner, member, officer, director or employee of your organization interested in or connected with any other license under the Consumer Lender Act? ☐ Yes ☐ No If Yes, State Facts: _____

_____

_____

13. Has any member of your organization previously held a license under this or any previous Consumer Lender Act in this or any other State? ☐ Yes ☐ No If Yes, State Facts: _____

_____

14. The Applicant has available the sum of $ _____ in assets readily available for use in the Consumer Loan and Finance business in (Name of Bank)_____

15. Has any member of your organization;

a. ever been indicted or convicted of a crime? ☐ Yes ☐ No
b. ever been sued in a civil action on account of fraud, misrepresentation or deceit? ☐ Yes ☐ No
c. filed bankruptcy or served in a similar capacity to an entity that filed bankruptcy within the last fifteen years? ☐ Yes ☐ No

You must furnish complete details if you answered Yes to any of the aforementioned (15 a, b or c).

16. *Please Read Carefully.* List any applications that have been denied or refused**,** or any licenses you hold or have held which has been suspended, surrendered, revoked or had an Administrative Action taken by any agency for the state or federal government as owners, partners, members, officers or branch managers; by the persons named in Questions 8, 9, 10 and 11, if any, and the capacity of the interest. (Attach a separate sheet if necessary). Write "None" or "NA" if not applicable.

_____

_____

_____

17. I have read and understand the Arizona Revised Statutes applicable to the license for which I have applied for with the Arizona Department of Financial Institutions. ☐Yes ☐No

18. Name of individual to contact regarding the processing of this application. Print Name

_____	( ) _____	( ) _____
Print Name	Telephone & Extension #	Fax #

Affidavit

STATE OF _____)
) ss
COUNTY OF _____)

I (print your name) _____being duly sworn, depose and say that I have signed the foregoing application as (print your title) _____of the above named applicant, having full authority to sign such application in said capacity; that I have read said application and that the information contained therein is true.

_____ _____
(Date) (Applicant Signature)

Subscribed and sworn to before me this _____day of _____ 20 _____

_____ _____
My Commission Expires (Notary Public Signature)

Consumer Lender Application

Personal History Statement

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable use “None” or “N/A”

Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL:

1. _____ Mr. Ms. Mrs. _____
   Position (Title/Owner/RI/AM etc.) Circle One Name: Last First Middle
2. _____ ( ) -
   Residence Address: Street City State Zip Res. Phone:
3. Social Security Number: _____ Date of Birth: _____ Place of Birth: _____
4. Alias(es) Nicknames, or changes in name: _____ Maiden Name (if any): _____
5. Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____
6. Scars, Physical Defects, Distinguishing marks: _____
7. Drivers License No. & State of Issue: _____ (Attach a Eligible copy of your License)
8. Do you have a history of mental or nervous disorder? ☐Yes ☐No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? ☐Yes ☐No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? ☐Yes ☐No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? ☐Yes ☐No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? ☐Yes ☐No

    If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section “I” page 3.
13. Are you presently a member of a Military Reserve or National Guard Organization? ☐Yes ☐No
    If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD:

Have you ever been;

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? ☐Yes ☐No
2. convicted, fined or imprisoned or placed on probation? ☐Yes ☐No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? ☐Yes ☐No
4. detained, held or arrested for a traffic violation? ☐Yes ☐No

If the answer is "Yes" to any of the above questions, complete the following

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section “I” page 3)

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

1. Did any of the above employment's require a security clearance? ☐Yes ☐No
2. Have you ever been refused Bond? ☐Yes ☐No

If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

1. Have you attached a legible copy of your drivers' license? ☐Yes ☐No
2. Have you attached your completed (according to the fingerprint card instructions) fingerprint card? ☐Yes ☐No
3. A letter of explanation and resolve of any past or current derogatory credit or criminal issues? ☐Yes ☐No ☐N/A

If No, why not?_____

I. REMARKS: (Furnish complete details. Attach additional sheets if necessary)

Read, sign & notarize both top & bottom portion of this document

AFFIDAVIT

STATE OF _____
)ss
COUNTY OF _____

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

_____ _____
(Date) (Signature)

Notarization of signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____
My commission expires: (Notary Public)

AFFIDAVIT (part 2)

STATE OF _____
)ss
COUNTY OF _____

I, (Print Your Name) _____ in connection with (Print Company Name) _____ and pursuant to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their agents.

_____ _____
(Date) (Signature)

Notarization of signature

Subscribed and sworn to before me this _____ day of _____ 20 _____

_____ _____
My commission expires: (Notary Public)

Consumer Lender Application

Personal Financial Statement

Do not use for business statement.
Legibly print or type all information.
There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A."
Schedule's, details and descriptions must be completed in space provided and by attachments if necessary.
Total assets must equal total liabilities and net worth.

Describe any unusual assets or liabilities.

Name _____ Financial Condition As Of _____/_____/_____ (mo/day/yr)
Address _____ City _____
State _____ Zip _____ Occupation _____

Customer at what financial institution _____ (office)

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe) Credit Cards	
		TOTAL LIABILITIES	
		NET WORTH (Assets Minus Liabilities)	
TOTAL ASSETS		**TOTAL LIABILITIES and Net Worth**	

APPROXIMATE ANNUAL INCOME AND EXPENSE
(Exclusive of ordinary living expenses)

INCOME	AMOUNT	FIXED EXPENSES	AMOUNT
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or	
		separate maintenance payments if you are	
		obligated to make them.	
TOTAL INCOME		**TOTAL**	

1. Are the above evaluations on receivable conservative? ☐ Yes ☐ No (If no, explain by separate letter)
2. Are any assets pledged or debts secured except as indicated? ☐ Yes ☐ No (If yes, itemize by debt and security)

_____

3. Do you have any contingent liabilities for guarantees, endorsements or otherwise? ☐ Yes ☐ No (If yes, explain)

_____

4. Do you do business with any other bank? ☐ Yes ☐ No (If yes, nature of business)

_____

5. If you are married are any of the above assets your spouse's separate property? ☐ Yes ☐ No (If yes, itemize) _____

6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? ☐ Yes ☐ No (If yes, explain by separate letter)

7. Have you ever gone through bankruptcy or compromised a debt? ☐ Yes ☐ No (If yes, explain by separate letter)

8. Have you made a will? ☐ Yes ☐ No Who is named executor of estate? _____

COMPLETE THE FOLLOWING SCHEDULES

SCHEDULE 1 - NOTES AND MORTGAGES OWNED
Describe here or on separate sheet any important or unusual receivables.

Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

SCHEDULE 2 – REAL ESTATE AND BUILDINGS
Please give details of encumbrances on Schedule 3 opposite proper parcel number.

Parcel	Location &Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) _____

_____

Are there any properties held on joint tenancy? ☐ Yes ☐ No Parcel numbers _____

SCHEDULE 3 - REAL ESTATE ENCUMBRANCES

Parcel	Amt. Owing Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes ☐ No ☐
No. #2						Yes ☐ No ☐
No. #3						Yes ☐ No ☐
No. #4						Yes ☐ No ☐
No. #5						Yes ☐ No ☐

*If any payments of principal or interest are delinquent provide details. _____

Are any taxes delinquent? ☐ Yes ☐ No (If yes, give amount and details) _____

Are there any unrecorded deeds, liens or other claims not shown above? _____

SCHEDULE 4 - SECURITIES OWNED
Please attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? _____

If in names of yourself and co-owner, are they joint tenancy? _____

SCHEDULE 5 - INSURANCE

Public liability on autos $ _____ Property Damage on Autos $ _____

LIFE INSURANCE

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

I certify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

_____ _____

Date **Signature**

Consumer Lender Application

Corporate Financial Statement

Name of Corporation: _____

Address _____ City _____

State _____ Zip _____ Telephone (_____) _____

Financial Conditions At Close Of Business On_____/_____/_____(MO/DAY/YEAR)

ASSETS			LIABILITIES	
Cash on Hand and in Bank		$	Accounts Payable - Not Due	$
Accounts Rec. Customers - Current	$		Accounts Payable - Past Due	$
Accounts Rec. Customers - Past Due	$		Notes Payable	$
Total Accounts Receivable	$		Notes Payable Other Banks	$
Less: Reserve Doubtful Accts.	$	$	Notes or Trade Acceptances Payable for Mdse.	$
Notes Receivable - Customers	$		Other Notes Payable	$
Less: Reserve Doubtful Notes	$	$	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable		$	Mortgages Due Within One Year	$
Merchandise - Finished		$	Due Officers and Stockholders (Sched 2)	$
Merchandise - In Process		$	Due Controlled or Affiliated Concerns (Sched 6)	$
Merchandise - Raw Materials		$	Reserve for Income Taxes	$
Readily Marketable Securities (Sched 3)		$	Other Taxes Payable	$
			Accrued Liabilities	$
Net Cash Surrender Value of Life Insurance (Sched 1)		$	Portion of Long Term Debt Due within One Year	$
TOTAL CURRENT ASSETS		**$**	**TOTAL CURRENT LIABILITIES**	**$**
Real Estate and Bldgs. (Sched 4)	$		Real Estate Encumbrances (Sched 5)	$
Less: Reserve for Depreciation	$	$		
Machinery - Equipment - Fixtures	$		Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	$	$	and Chattel Mortgages	$
Automobiles and Trucks	$		Other Non-Current Debt (describe):	$
Less: Reserve for Depreciation	$	$		
Investments in Controlled or Affiliated Co. (Sched 6)		$	***TOTAL LIABILITIES***	$
Other Securities Owned (Sched 3)		$		
			Other Reserves (describe):_____	$
Due from Controlled or Affiliated Co. (Sched 6)		$		
Due from Officers and Stockholders (Sched 2)		$		
Other Non-Current Receivables		$	NET WORTH:	
			Preferred Stock	$
Deferred and Prepaid Items		$	Common Stock	$
			Capital Surplus	$
			Earned Surplus	$
			TOTAL NET WORTH	$
TOTAL		**$**	**TOTAL**	**$**

CONTINGENT LIABILITIES (not already included) If none, so state.

On Acceptances, Contracts or Notes Discounted or Sold $ _____

As Guarantor or Endorser for _____ $ _____

For Merchandise Consigned by Suppliers $ _____

Otherwise (describe) _____ $ _____

Are any book accounts sold or assigned? Yes ☐ No ☐ Amount $ _____

To whom? _____

With Recourse? Yes ☐ No ☐

COMMITMENTS:

Approximate Purchase Commitments $ _____

Approximate Unfilled Orders on Hand $ _____

Describe any other unusual commitments _____

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

Operating record from _____/_____/_____(date) to _____/_____/_____(date):

If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period	$ _____	
Cost of Goods Sold	$ _____	
Gross Profit		$ _____
Selling Expense	$ _____	
Administrative Expense	$ _____	
General Expense	$ _____	
Total Operating Expense		$ _____
Operating Profit		$ _____
Other Income		$ _____
Total Income		$ _____
Other Deductions	$ _____	
Federal & State Income Tax	$ _____	
Total Deductions		$ _____
Net Profit		$ _____
Total Depreciation and Amortization included in above statement		$ _____
Deductions for Bad Accounts included in above statement		$ _____
Salaries to Executive Officers included in above statement		$ _____

Reconciliation of Surplus:		
Surplus at beginning of period		$ _____
Net Profit		$ _____
*Surplus Credits		$ _____
Total		$ _____
Dividends Paid	$ _____	
*Surplus Debits	$ _____	$ _____
Surplus as of this statement date		$ _____

*If Surplus Adjustments involve important transactions please give details below: _____

MONTHLY SALES

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sept
Oct	Nov	Dec

Complete the following. Include the supporting schedules.

Other banks used:

Name	City	Do you borrow there?	Maximum Debt Past Year
		☐Yes ☐No	$
		☐Yes ☐No	$
		☐Yes ☐No	$
		☐Yes ☐No	$

Rental: Does company rent? Yes ☐ No ☐
Present monthly rental paid $_____
Date of expiration of lease _____/_____/_____

Corporate information: Under laws of what state are you incorporated? _____
Are all franchise taxes current? Yes ☐ No ☐
Are you authorized to do business in Arizona? Yes ☐ No ☐
Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares _____ Outstanding _____ Par value $ _____
Year last div. paid _____ Annual rate if established $ _____ No. of authorized pfd. shares _____
Outstanding _____Par value $ _____Dividend preference $ _____ Cumulative? _____
Div. Pd. to _____
Please list any trade styles used by the corporation _____

SCHEDULE 1 - INSURANCE

Fire Insurance:		Liability Insurance:	
On Merchandise	$	Public Liability on Owned Autos	$
On Mach'y, Equipt. and Fixtures	$	Property Damage on Owned Autos	$
On Buildings	$	P.L. and P.D. on Non-owned Autos	$
		Building & Elevator Pub. Liab.	$

Check all that are applicable to the coverage the corporation carries:

☐ Explosion Ins. ☐ Steam Boiler ☐ Auto Fire, Theft ☐ Business Interruption ☐ Products Liability
☐ Riot and Strike ☐ Auto Collision ☐ Workmen's Comp ☐ Robbery or Burglary ☐ Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ No
Do any policies contain a coinsurance clause? ☐ Yes ☐ No Basis _____%
Is any insurance on a monthly reporting basis? ☐ Yes ☐ No
Are employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	$	$	$	$
	$	$	$	$
	$	$	$	$

SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

SCHEDULE 3 – SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly. Div.

SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business _____

Are taxes delinquent on any of your properties? _____ If so, please give amount and details _____

SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

*If any payments of principal or interest are delinquent, please give details _____

Has foreclosure been instituted? _____ Details _____

SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	$		$
	$		$
	$		$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. _____

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief.

Date _____ Signature _____ Telephone & Fax _____

DO NOT SEND TO IRS

Vendor MUST Print or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print or Type information

Taxpayer Identification Number (TIN)

TIN Type: ◯ Employer Identification Number (EIN) ◯ Social Security Number (SSN)

State of Arizona HRIS EIN
State of Arizona Employees ONLY

Legal Name
Must match TIN above

Entity Type Select one of the following

- ◯ Corporation (NOT providing health care, medical or legal services) (5A)
- ◯ Corporation (providing health care, medical or legal services) (5M)
- ◯ Partnership, LLP (5T)
- ◯ PLLC, LLC (5C)
- ◯ Individual/Sole Proprietor (6I)
- ◯ The US or any of its political subdivisions or instrumentalities (2G)
- ◯ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
- ◯ Tax-exempt organization under IRC §501 (5O)
- ◯ An international organization or any of its agencies or instrumentalities (5U)
- ◯ State of Arizona employee (1E)
- ◯ Other, Tax reportable entity (5P)

Minority Business Indicator Select one of the following

- ◯ Small Business (01)
- ◯ Small Business- African American (23)
- ◯ Small Business- Asian (24)
- ◯ Small Business - Hispanic (25)
- ◯ Small Business- Native American (27)
- ◯ Small Business- Other Minority (05)
- ◯ Small, Woman Owned Business (06)
- ◯ Small, Woman Owned Business- African American (29)
- ◯ Small, Woman Owned Business- Asian (30)
- ◯ Small, Woman Owned Business- Hispanic (31)
- ◯ Small, Woman Owned Business- Native American (33)
- ◯ Small, Woman Owned Business- Other Minority (11)
- ◯ Woman Owned Business (03)
- ◯ Woman Owned Business- African American (17)
- ◯ Woman Owned Business- Asian (18)
- ◯ Woman Owned Business- Hispanic (19)
- ◯ Woman Owned Business- Native American (21)
- ◯ Woman Owned Business- Other Minority (08)
- ◯ Minority Owned Business- African American (04)
- ◯ Minority Owned Business- Asian (32)
- ◯ Minority Owned Business- Hispanic (74)
- ◯ Minority Owned Business- Native American (15)
- ◯ Minority Owned Business- Other Minority (02)
- ◯ Non-Profit, IRC §501(c) (88)
- ◯ Non-Small, Non-Minority or Non-Woman Owned Business (00)

Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location

Address

Address continued

City State Zip code

Remit to Address ☐ Same as Main

DBA\Branch\Location

Address

Address continued

City State Zip code

Contact Information

Name

Phone # EXT

Fax

email

Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature Title Date

STATE OF ARIZONA **AGENCY** USE ONLY — VENDOR: DO NOT WRITE BELOW THIS LINE

AGY Agency Authorization Phone # Date

STATE OF ARIZONA **GAO** USE ONLY — VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission ☐ HRIS ☐ Other ☐ Other

Vendor Number MC Processed by Date Processed

GAO-W-9 Revised 4/18/05