



# ESPRIT Line of Credit Application

For Whole Life Insurance Policies

New Credit Line Account \$ \_\_\_\_\_ How did you hear about ESPRIT? \_\_\_\_\_

Increase My Credit Line To \$ \_\_\_\_\_

PURPOSE: Business \_\_\_\_\_  
Personal \_\_\_\_\_

## INFORMATION REGARDING APPLICANT

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Do you rent or own your home: Rent \_\_\_\_\_ Own \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Social Security # \_\_\_\_\_

Best # to contact you at \_\_\_\_\_ E-mail address \_\_\_\_\_

Name of Current Employer \_\_\_\_\_ Years Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position/Occupation \_\_\_\_\_ Do you own the business?  Yes  No

Previous Employer (If at Current Employer Less Than 2 Years) \_\_\_\_\_

Name and Address of the Nearest Relative Not Living With You \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## INFORMATION REGARDING JOINT APPLICANT

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Do you rent or own your home: Rent \_\_\_\_\_ Own \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Current Employer \_\_\_\_\_ Years Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position/Occupation \_\_\_\_\_

Previous Employer (If at Current Employer Less Than 2 Years) \_\_\_\_\_

## INFORMATION REGARDING INCOME

Applicant's Annual Salary \$ \_\_\_\_\_ Joint Applicant's Annual Salary \$ \_\_\_\_\_

Bonus & Commission \$ \_\_\_\_\_ Bonus & Commission \$ \_\_\_\_\_

Rental Income \$ \_\_\_\_\_ Rental Income \$ \_\_\_\_\_

Other Income (List Source)\* Other Income (List Source)\*

(a) \_\_\_\_\_ \$ \_\_\_\_\_ (a) \_\_\_\_\_ \$ \_\_\_\_\_

(b) \_\_\_\_\_ \$ \_\_\_\_\_ (b) \_\_\_\_\_ \$ \_\_\_\_\_

Total Annual Income \$ \_\_\_\_\_ Total Annual Income \$ \_\_\_\_\_

\*NOTE: ALIMONY, CHILD SUPPORT AND/OR SEPARATE MAINTENANCE PAYMENTS DO NOT NEED TO BE REVEALED, UNLESS YOU WISH TO CONSIDER SUCH INCOME AS A BASIS OF REPAYMENT OF CREDIT. IF YOU DO LIST OTHER INCOME, THE SOURCE OF THAT INCOME MUST BE DISCLOSED.

MARITAL STATUS

Applicant (select marital status): Married Separated Unmarried (including single, divorced or widowed)
Joint Applicant (select marital status): Married Separated Unmarried (including single, divorced or widowed)

INFORMATION REGARDING POLICY SECURING LINE

Life Insurance Company
Name of Life Insurance Agent Agent Phone #
Policy # Cash Surrender Value \$
Face Amount of Policy \$ Year Policy Issued
Name of Policy Owner Name of Insured
Name of Joint Owner (if applicable)
Is Policy Currently Pledged or Assigned?
If Yes, Name of Pledgee/Assignee

DECLARATIONS

Please answer the following questions. If you answer "Yes" to a, b or c, also include a written explanation. A-E must be completed by applicant(s).

Applicant Co-Applicant
Yes No Yes No
a. Are there any outstanding judgements against you?
b. Have you been declared bankrupt within the past 7 years?
c. Are you a defendant in a lawsuit?
d. Are you a U.S. citizen?
e. Are you a permanent resident alien?

IMPORTANT INFORMATION

CASH VALUE LINES OF CREDIT MUST BE SECURED BY A VALID ASSIGNMENT OF LIFE INSURANCE POLICY AS COLLATERAL. EVERYTHING I/WE HAVE STATED IN THIS APPLICATION IS TRUE AND CORRECT. YOU MAY RETAIN THIS APPLICATION WHETHER OR NOT THIS APPLICATION IS APPROVED. I/WE AUTHORIZE YOU TO OBTAIN MY/OUR CREDIT AND EMPLOYMENT HISTORY AND ALSO TO OBTAIN CREDIT REPORTS FOR THE PURPOSES OF REVIEWING AND MAINTAINING MY/OUR ACCOUNT, CONDUCTING ANY COLLECTION ACTIVITIES AND TO REPORT TO OTHERS YOUR CREDIT EXPERIENCE WITH ME/US. I/WE FURTHER AUTHORIZE YOU TO CONTACT MY/OUR INSURANCE AGENT AND/OR LIFE INSURANCE COMPANY LISTED ABOVE TO OBTAIN INFORMATION ABOUT MY/OUR POLICY, DISCUSS THIS APPLICATION, AND OBTAIN INFORMATION ABOUT AN ASSIGNMENT OF MY/OUR POLICY.

Applicant's Signature Date Joint Applicant's Signature Date

CHECK APPROPRIATE BOX AND SIGN BELOW

Individual: I am applying for individual credit in my own name and I am relying on my own income.

Applicant's Signature Date

Joint: We intend to apply for joint credit.

Co-Applicant's Signature Date

CLEAR FORM