



Southwest Airlines Federal Credit Union

www.swacu.org

DALLAS
2430 Shorecrest
Dallas, TX 75235
214.357.5577 or 800.262.5325

HOUSTON
8441 Gulf Frwy., Suite 103
Houston, TX 77017
713.649.6550 or 800.262.5468

PHOENIX
2330 E. Jones Ave, Suite 6
Phoenix, AZ 85040
602.225.5000 or 800.262.5749

EULESS
801 W. Euless Blvd, Suite 104
Euless, TX 76040
817.267.3041

CREDIT LINE ACCOUNT MASTER AGREEMENT AND CONSUMER LOAN APPLICATION

| | | | |
|----------------------------|-------------------------------|------|-------------------------|
| ACCOUNT NUMBER - APPLICANT | ACCOUNT NUMBER - CO-APPLICANT | DATE | MASTER AGREEMENT NUMBER |
|----------------------------|-------------------------------|------|-------------------------|

Applicant Information

PRINT OR TYPE ALL INFORMATION

1. If You live in a community property state, are You:

M = Married, S = Separated, U = Unmarried (includes Single, Divorced and Widowed) _____

2. Married applicants can apply for an individual loan. Indicate if You want an:

Individual Loan Joint Loan with Your Spouse/Co-Applicant

3. Method of Payment:

Automatic Share Transfer Cash Payment Payroll Deduction

4. Frequency of Payment: _____

5. Complete Spouse/Co-Applicant Information only if:

- a. This is for a joint account with Your Spouse or other Co-Applicant.
- b. Your Spouse will use Your Account.
- c. You are relying on Your Spouse's income as a source of repayment for the credit requested.
- d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (and Puerto Rico).

6. Definitions:

Whenever used in this application, the words "You" and "Your" refer to the Applicant/Co-Signer/Guarantor and any Spouse/Co-Applicant, and the words "We," "Us," and "Our" refer to the Lender.

Open-End Credit Applied For:

_____ - Limit Desired \$ _____ _____ - Limit Desired \$ _____

There are costs associated with the use of any Credit Card issued to You by Us. You may request specific information about these costs by contacting Us by telephone at (800) 262-5325 or by writing Us at 2430 Shorecrest, Dallas, TX 75235.

APPLICANT

| | | | |
|---|----------------------------|-------------------|--------------------|
| FIRST NAME/INITIAL/LAST NAME | | | |
| SOCIAL SECURITY NUMBER | | BIRTHDATE | |
| CURRENT STREET ADDRESS | | APT. NO. | SINCE (MO. YR.) |
| CITY | | STATE | ZIP |
| COUNTY | DRIVER'S LICENSE NO./STATE | | |
| FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS) | | | YEARS THERE |
| DO YOU: | HOME TELEPHONE | NO. OF DEPENDENTS | AGES OF DEPENDENTS |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | | | |
| MOTHER'S MAIDEN NAME | EMAIL ADDRESS | | |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU | | | |

SPOUSE/CO-APPLICANT/CO-SIGNER

| | | | |
|---|----------------------------|-------------------|--------------------|
| FIRST NAME/INITIAL/LAST NAME | | | |
| SOCIAL SECURITY NUMBER | | BIRTHDATE | |
| CURRENT STREET ADDRESS | | APT. NO. | SINCE (MO. YR.) |
| CITY | | STATE | ZIP |
| COUNTY | DRIVER'S LICENSE NO./STATE | | |
| FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 3 YEARS) | | | YEARS THERE |
| DO YOU: | HOME TELEPHONE | NO. OF DEPENDENTS | AGES OF DEPENDENTS |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | | | |
| MOTHER'S MAIDEN NAME | EMAIL ADDRESS | | |
| NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU | | | |

EMPLOYMENT AND INCOME

If self-employed, attach two years of income tax returns.

| | | | |
|--|----------|------------------|-----------------|
| CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) | | FT/PT | EMPLOYMENT DATE |
| ADDRESS/CITY/STATE/ZIP | | | |
| WORK TELEPHONE | POSITION | MO. GROSS INCOME | |
| | | \$ | |
| FORMER EMPLOYER | POSITION | YEARS THERE | |

| | | | |
|--|----------|------------------|-----------------|
| CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE) | | FT/PT | EMPLOYMENT DATE |
| ADDRESS/CITY/STATE/ZIP | | | |
| WORK TELEPHONE | POSITION | MO. GROSS INCOME | |
| | | \$ | |
| FORMER EMPLOYER | POSITION | YEARS THERE | |

OTHER INCOME

You need not list income from alimony, child support, or separate maintenance payments unless You want it considered in evaluating this credit application.

| | |
|---------------------------|----------------|
| TYPE OF OTHER INCOME | MONTHLY AMOUNT |
| | \$ |
| NAME AND ADDRESS OF PAYER | |

| | |
|---------------------------|----------------|
| TYPE OF OTHER INCOME | MONTHLY AMOUNT |
| | \$ |
| NAME AND ADDRESS OF PAYER | |

ASSETS AND LIABILITIES Attach a separate sheet if necessary.

| TYPE OF ACCOUNT | FINANCIAL INSTITUTION NAME | INTEREST/ DIVIDEND RATE | APPROX. BAL. |
|---|----------------------------|----------------------------|---------------|
| | | | |
| | | | |
| | | | |
| CAR 1 - YR. - MAKE - MODEL | | BALANCE OWED | |
| | | \$ | |
| CAR 2 - YR. - MAKE - MODEL | | BALANCE OWED | |
| | | \$ | |
| HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED | | PURCHASE PRICE | APPROX. VALUE |
| | | \$ | \$ |
| RENT/MORTGAGE PAYMENT | | MONTHLY INSURANCE | |
| \$ | | \$ | |

| TYPE OF ACCOUNT | FINANCIAL INSTITUTION NAME | INTEREST/ DIVIDEND RATE | APPROX. BAL. |
|---|----------------------------|----------------------------|---------------|
| | | | |
| | | | |
| | | | |
| CAR 1 - YR. - MAKE - MODEL | | BALANCE OWED | |
| | | \$ | |
| CAR 2 - YR. - MAKE - MODEL | | BALANCE OWED | |
| | | \$ | |
| HOMEOWNERS: PLEASE INDICATE NAME(S) ON DEED | | PURCHASE PRICE | APPROX. VALUE |
| | | \$ | \$ |
| RENT/MORTGAGE PAYMENT | | MONTHLY INSURANCE | |
| \$ | | \$ | |

| Please answer the following questions. If a yes answer is given, explain on an attached sheet. | A | | C | | Please Check: A = Applicant/Co-Signer C = Spouse/Co-Applicant | A | | C | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No | | Yes | No | Yes | No |
| 1. Have You filed a petition for bankruptcy in the last 14 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have You any obligations not listed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have You ever had any auto, furniture or property repossessed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 7. Do You have any past due bills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are You a co-maker or co-signer on any loan? For Whom _____ Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is any income You have listed likely to reduce in the next 2 years? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have You ever had credit in any other name? What Name _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 9. Indicate immigration status: Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ Co-Applicant <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have You any suits pending, judgments filed, alimony or support awards against You? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

OPTIONAL CREDIT INSURANCE/GUARANTEED AUTOMOBILE PROTECTION

Credit Life, Credit Disability Insurance and/or Guaranteed Automobile Protection ("GAP") are not required to obtain credit under this plan. An appropriate application/disclosure will be furnished if You are interested in Credit Insurance and/or GAP.

YOU MUST CHECK ONE OR MORE OF THE BOXES BELOW

You are interested in Credit Disability Insurance — single coverage

You are interested in Credit Life Insurance — single coverage joint coverage

You are not interested in Credit Insurance

You are interested in GAP

You are not interested in GAP

SIGNATURES

You warrant the truth of the above information and You realize that it will be relied upon by Us in deciding whether or not to grant the credit applied for. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. If this application is for any Feature Category contained in Our Credit Line Account Program, You agree and understand that if approved, You are contractually liable according to the applicable terms of the Credit Line Account Agreement and Disclosure. You acknowledge receiving a copy of that Agreement and promise to pay all amounts charged to Your Account according to its terms. If this is a joint application, You agree that such liability is joint and several. You authorize Us to accept Your facsimile signatures on this application and agree that Your facsimile signature will have the same legal force and effect as Your original signature. You assume any risk that may be associated with permitting Us to accept Your facsimile signature. **If You are issued a debit card or credit card, by signing below, You grant and consent to a lien on Your shares with Us (except IRA and Keogh accounts) and any dividends due or to become due to You from Us to the extent You owe on any unpaid credit card balance, and/or Overdraft Protection balance created through the use of Your debit card.**

You hereby acknowledge Your intent to apply for joint credit _____
Applicant's Initials Co-Applicant's Initials

| | |
|--|--|
| APPLICANT SIGNATURE <div style="text-align: right;">DATE</div> | SPOUSE/CO-APPLICANT/CO-SIGNER SIGNATURE <div style="text-align: right;">DATE</div> |
|--|--|

| LOAN OFFICER | LOAN REVIEW COMMITTEE |
|--|--|
| LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFERRED TO LC <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED. | LOAN APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COUNTER OFFER WILL BE MADE. IF ACCEPTED, LOAN APPROVED. |

DESCRIBE COUNTER OFFER:

SPECIFIC REASON(S) FOR REJECTION/APPROVAL:

| | | |
|-------------------------|------|-------------------------|
| LOAN OFFICER SIGNATURE | DATE | ADDITIONAL INFORMATION: |
| CREDIT MANAGER OR OTHER | DATE | |

ECOA NOTICE AND REASON FOR REJECTION OR UNACCEPTED COUNTER OFFER SENT OR DELIVERED ON _____ (DATE) BY _____