CONSUMER INSTALLMENT LOAN PREQUALIFICATION APPLICATION

APPLICATION MUST BE SIGNED. Please print in CAPITAL LETTERS and avoid contact with the lines: S M I T H CON-ILPA-PPS(1011)

APPLICANT Please print and complete all blocks. Incomplete form may result in the decline of your application.

First Name | Last Name | Sr., Jr., Other

Resident Address (Street Address Only) | Apt. #

City | State | Zip | Yrs.-Mnths at Address

Social Security # | Birth Date - MM-DD-YYYY

If you wish to use a P.O. Box for billing purposes, check here ☐	PO Box	City	State	Zip
Previous Address (If less than 5 years)		City	State	Zip

Home Phone # ( )	Email Address (optional) By providing an E-mail address, I consent to receive E-mail communications and promotional offers related to my Account	Mother's Maiden Name

Employer	Years/Months Employed	Occupation	Business Phone # ( )

Housing Information ☐ Own ☐ Rent	Monthly Mortgage/Rent Payment $	Monthly Gross Income $	Other Monthly Gross Income $	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	Source

☐ **Joint Applicant** *Initial here to apply for a JOINT ACCOUNT:* *Applicant* _____ *Joint Applicant* _____

Last Name | First Name | Sr., Jr., Other

Resident Address Only | Apt. # | Email Address (optional)

City | State | Zip | Social Security Number ___ ___ | Birth Date / /

If you wish to use a P.O. Box for billing purposes, check here ☐	PO Box	City	State	Zip

Home Phone # ( )	Employer	Years/Months Employed	Occupation	Business Phone # ( )

Housing Information ☐ Own ☐ Rent	Monthly Mortgage/Rent Payment $	Monthly Gross Income $	Other Monthly Gross Income $	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.	Source

CA Residents: Married Applicants may apply for separate accounts.

NY, RI and VT Residents: We may request consumer reports on you in connection with your application for credit and subsequently in connection with any extension of credit, update, renewal, review or collection of your account or any other lawful purpose. If you are a NY resident, upon your request, we will inform you of the name and address of any consumer reporting agency from which we obtained your consumer report. If you are a VT resident, you consent to the obtaining of such reports by signing or otherwise submitting an application.

OH Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WI Residents: No provision of a marital property agreement, a unilateral statement under section 766.59 or a court decree under section 766.70 adversely affects our interest unless, prior to the time the credit is granted, we are furnished a copy of the agreement, statement or decree or have actual knowledge of the adverse provision when the obligation is incurred.

Married WI Residents ONLY: (1) Please combine your financial information with your spouse's financial information in the application form above and (2) If you are applying for an individual account or a joint account with someone other than your spouse, please provide your spouse's name and address below or by calling 1-800-252-2551.

Spouse Last Name	First Name	Street Address	City	State	Zip

Applicant(s) Signature Required Below

I authorize TD Bank, N.A., its successors, assigns, employees and designated agents (together, the "Bank") to gather credit, employment and other information about me, including credit bureau reports, that the Bank may deem necessary or appropriate in evaluating my application for credit. If my application is approved and credit is extended to me, I further authorize the Bank to re-verify any or all of such information from time to time, including obtaining additional credit bureau reports, for any legitimate purpose in connection with such extension of credit, such as for the purpose of reviewing the account, or for taking collection on the account and to furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. I certify that all information is accurate and no information has been concealed or misrepresented. I understand that if I am applying for a secured loan, by signing a Promissory Note and Security Agreement, I will be granting the Bank a security interest in the property purchased with the loan proceeds. I agree that this application remains the property of the Bank. **I understand that if you prequalify me for a loan, my loan application will not be complete unless I decide to make a purchase and the loan amount and collateral are identified.**

_____ / / _____ / / _____

Applicant's Signature **Date** **Joint Applicant's Signature** **Date**

Important Information about Procedures for Opening a New Account. *To help the government fight the funding of terrorism and money laundering activities, federal law 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, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.*

STORE USE ONLY Identification requires 2 forms of ID. Associate # _____

I.D. # 1 Government Issued Photo ID Type: ☐ Drivers Lic. ☐ Other _____ ID # _____ State _____ Exp. Date _____ ☐ SIGNATURE MATCH ☐ PHOTO MATCH

I.D. # 2 Credit Card Type: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER ☐ Other _____ Exp. Date _____ Approval Code _____ ☐ SIGNATURE MATCH ☐ PHOTO MATCH (If Applicable)

Store # _____ Application Number _____

JOINT APPLICANT Identification requires 2 forms of ID.

I.D. # 1 Government Issued Photo ID Type: ☐ Drivers Lic. ☐ Other _____ ID # _____ State _____ Exp. Date _____ ☐ SIGNATURE MATCH ☐ PHOTO MATCH

I.D. # 2 Credit Card Type: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER ☐ Other _____ Exp. Date _____ ☐ SIGNATURE MATCH ☐ PHOTO MATCH (If Applicable)

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Merchant - After customer completes application, and you have processed the customer information, please fax this form to **(800) 358-8050** . **DO NOT FAX IN ANY COVER SHEETS, ID'S OR RECEIPTS - APPLICATIONS ONLY**