<b>RV Loan Appli</b>	cation									SUNTRUST
For Bank Use Only	_					-		alk-In	🗌 Mail-Ir	n 🗌 Telephone
Bank # Employee #	Branch # Network #		pplicant Fc		Branch	Contac	t		App ID #	
Section A-Pleas										
I (We) hereby make application for		Term	Rate	Selling Price		Cash D	own Usag	le 🗌	Lease	Engine
☐ purchase or ☐ refinance of \$				\$		Payme \$			] Full Time	Gas Diesel
Seller's Name and Address						Phone		Dealer Individua	Broker II	Horsepower Manufacturer
□ New Length Ma □ Used	nufacturer	M	odel/Type			Year		Type A Type C		Manufacturer
Vehicle Identification Number (VII	4) # of Slideouts	own name, a not the incon	ual – I am applying f and am relying on m ne or assets of anot f the credit requeste	y own income and her person, as the	assets, and				edit, and are rely e credit requeste	ving on our joint income and ed.
Will the RV be used	as a dwelling/re	sidence (pi	rimary or c	otherwise	? Mark	Box &	Initial [	] Yes [	_ No	
Description of Trade-In		Tra \$	de-In							gine Gas
Length Manufacturer		Year	Model/Typ	be			] Type A ] Type C			sepower: nufacturer:
Section B-Pleas	e Tell Us Ab	out Your	self							
Corp, LLC Name									TIN:	
Are you a U.S. Citizen? ☐ Yes ☐ No		on-resident ali₀ ∃No	en? List a	all Countries	of Citizen	iship				
First Name	Initial	Last Name	•				Date o	f Birth	Social Sec	curity Number
Physical Residential Address	L. L	<b>I</b>							County	
Primary Phone (required)	Cell Phone			Work Phone			Email	Address		
You agree as follows: On Bank, its affiliates, our a messages, from time to collection and payment purposes.	gents, and assignee time, for any reaso	es of any of u n about your	s contacting accounts w	g you at the ith SunTrus	number st Bank ar	by callir nd its af	ng, texting filiates, in	, or send cluding b	ling other out not lin	electronic nited to, for
Number of Dependents				Place of B	irth					
Rent     Lives     Own/Buying     W/Others	Mthly Rent/Mtg Pmt \$	Landlord/Mortga	agor		Yrs/Mths Yrs	There Mths	Year Purcha	ased Pur \$	chase Price	Second Mtg. Balance \$
Previous Address (if less than two	years at above)		City				State		Zip Code	e Yrs/Mths There Yrs Mths
Name of Employer *			Job Title		What is yo	our Occupa	ation	Start D	Date	Gross Annual Salary \$
Name of Previous Employer * (i	f less than two years at c	urrent employme	ent)		Position/C	Occupation		Start D	Date	End Date
Checking Account Bank ☐ Yes ☐ No				Savir	igs Account es D No	Bank				
Note: You do not have to include payments, unless you want				arate maintena		ce Of Othe	er Income			Annual Amount \$
Name and Address of Closest Re	ative Not Living At Your Ac	dress					Relatio	onship		Home Phone
*If you are self-employed, on co								-	-	
Section C-Pleas		a non-residen			If you are Countries			individua	al account	t, go to Section D)
☐ Ýes ☐ No	☐ Yes	🗌 No		List all	Countines		•			
First Name	Initial	Last Name				Date o	fBirth			curity Number
Physical Residential Address								1		f Dependents
Primary Phone (required)		Phone		Work Pl				Place of		
You agree as follows: On each phone number that you give us on this application, whether land line or cell phone, you consent to SunTrust Bank, its affiliates, our agents, and assignees of any of us contacting you at the number by calling, texting, or sending other electronic messages, from time to time, for any reason about your accounts with SunTrust Bank and its affiliates, including but not limited to, for collection and payment purposes. You agree that automated dialing equipment or prerecorded voice messages may be used for any of these purposes.										
Name of Employer *			Job Title		What is	your Occu	pation	Start Da	te G	Gross Annual Salary
Name of Previous Employer * (if less than two years at current employment)										
Checking Account Bank					igs Account es 🔲 No	Bank				
Note: You do not have to include payments, unless you want					nce Sour	ce Of Othe	er Income			Annual Amount \$

\*If you are self-employed, on commission, or a substantial portion of your income is from a source other than salary, please attach a copy of your last two years' federal tax returns.

## Section D-Please Tell Us About Your Financial Obligations

			-					
List all your current obligations, including banks, finance co., dept. stores, credit cards, leases, unpaid taxes, alimony, and child support, etc. A Personal Financial Statement is required on all RV Loans.								
	Cre	ditor	Account Number	Current Outstanding Balance/ Date Paid Off	Monthly Payment (or other term)			
Auto Make	Year/Model	Where Financed		\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

In compliance with recent federal legislation, we will be verifying pertinent information which will enable us to confirm your identity.

A copy of your tax return, W2, or earnings statement must be submitted prior to your settlement date for income verification.

I/We authorize the Creditor to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. I/We authorize and instruct any person, including but not limited to, all local, state, or federal governmental agencies, or consumer reporting agencies, to complete and furnish the Creditor any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain the Creditor's property whether or not credit is extended. I/We authorize the Creditor to furnish credit information, including insurance information, to persons who may lawfully receive and use such information.

I/We certify that the information provided in this application is being given for the purpose of obtaining the credit described above and is true and correct as of this date.

Applicant's Signature	Date	Co-Applicant's Signature	Date

Co-Applicant's Signature	Date	Co-Applicant's Signature	Date

\*If you are self-employed, on commission, or a substantial portion of your income is from a source other than salary, please attach a copy of your last two years' federal tax returns

 Please give this completed application to your SunTrust Bank Representative or mail to: SunTrust Bank, Attn: Marine/RV Lending Department, CS-CMD 7905,
 147 Old Solomons Island Road, 5<sup>th</sup> Floor, Annapolis, MD 21401

Phone 1-(800) 797-2628, Fax 1-410-224-6081

# Section E-Please Provide Your Personal Financial Statement as of (date)

Amount Assets Cash on Hand, in Checking and in Savings (Sched 1) \$ Retirement Accts (IRA, SEP, 401K, etc.) (Schedule 1) \$ \$ Accounts Receivable - Good Notes Receivable - Good \$ \$ Stocks, Bonds and Mutual Funds (Schedule 2) Cash Value Life Insurance (Schedule 3) \$ Automobiles (Number Owned \_ \$ \_) Real Estate (Schedule 4) \$ \$ Interest in Business Owned Boat Presently Owned \$ Deposit on RV Being Purchased \$ Other Assets 1. \$ \$ 2. 3. \$ 4. \$ 5. \$ **Total Assets** \$

Important: Check box "J" if assets or liabilities are owned jointly or owed jointly.

Liabilities	Amount	J
Notes Payable to Banks (Section D)	\$	
Notes Payable to Others	\$	
Loans Against Life Insurance	\$	
Accounts Payable 1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
Loans Payable on Automobiles	\$	
Loans Against Real Estate (Schedule 4)	\$	
Other Liabilities 1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
Total Liabilities	\$	
Net Worth (Total Assets minus Total Liabilities)	\$	

Please use the space below or a separate sheet if you need additional space. Schedule 1 – Banks Where Accounts Are Maintained (Show joint accounts by checking Box ".I")

Name of Depository	y Name of Joint Owner		Balance on Deposit	J	Account Type	J	Account Number
				_			
chedule 2 – Stocks, Bonds and Mutual Funds	3						
Describe and show number of shares or face value		Title in Nar	ne of	Curre	ent Market Value		Pledged?
						_	

#### Schedule 3 - Life Insurance

Name of Insurance Company	Name of Insured	Face Amount	Cash Value	

## Schedule 4 - Real Estate

Description and Location	Title in Name of	Market Value	Amount Owed	Monthly Payment	Payable to Whom	Monthly Rental Income

Have either of you ever declared bankruptcy or had any judgments, repossessions or other legal proceedings filed against you? 🗆 Yes 🗖 No

Are either of you obligated to make monthly alimony, child support or maintenance payments? 🗆 Yes 🗆 No If yes, show amount. .

Are you a co-maker, endorser, or guarantor on any loan? 🗆 Yes 🗋 No Are you liable on debts not shown such as leases or unpaid taxes? 🗋 Yes 🗋 No If yes to either of these questions, please provide details.

### Please Use This Space For Any Additional Information: