

# United Commerce

B A N K

United Commerce B A N K is pleased to offer a payment plan for your Laser Vision Correction. You can forward your application directly to United Commerce B A N K or **The Eye Center of Southern Indiana** will be happy to forward your application to us and we will contact you before the next business day concludes. Thank you for applying with United Commerce B A N K. If there are any questions, please call us at (812) 336-BANK (336-2265).

## Sample Payment Options

Proposed Loan Amount	Term	Interest Rate *	Loan Fee	APR	Payment **
<b>One Eye</b>					
\$1950.00	12 mos.	9.9%	\$50.00	14.93%	<b>\$175.94</b>
\$1950.00	24 mos.	9.9%	\$50.00	12.67%	<b>\$92.40</b>
\$1950.00	36 mos.	9.9%	\$50.00	11.88%	<b>\$64.65</b>
<b>Both Eyes</b>					
\$3900.00	12 mos.	9.9%	\$50.00	12.53%	<b>\$347.48</b>
\$3900.00	24 mos.	9.9%	\$50.00	11.40%	<b>\$182.50</b>
\$3900.00	36 mos.	9.9%	\$50.00	11.00%	<b>\$127.69</b>
\$3900.00	48 mos.	9.9%	\$50.00	10.80%	<b>\$100.43</b>

*Interest rates are subject to change. Normal credit qualifications apply. This is a simple interest loan with no prepayment penalty. \*.25% interest rate discount is available to customers if payments are automatically deducted from a United Commerce Bank deposit account. \*\*Payment protection insurance is available through additional purchase of an AUL credit life and disability policy.*

## **Consumer Loan Application**

<b>Requested Loan Amount: \$</b>	<b>Requested Payment Amount: \$</b>
<b>Applicant:</b>	SSN: - - Birthdate: / /
Address:	Home Ph: Work Ph:
Employer:	Length of Employment:
Position/Title:	Gross Income:
<b>Co-Applicant (if applicable):</b>	SSN: - - Birthdate: / /
Address:	Home Ph: Work Ph:
Employer:	Length of Employment:
Position/Title:	Gross Income:
Signatures — I (we) certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.	
<b>Applicant:</b>	<b>Co-Applicant:</b>

211 South College Avenue ~ P. O. Box 1089 ~ Bloomington, IN 47402 ~ (812) 336-2265 ~ Fax: (812) 330-5500

[www.unitedcommercebank.com](http://www.unitedcommercebank.com)

**United Commerce**  
BANK

**FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE**

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:

1. My purchase of insurance product of annuity from you or from any of your affiliates: or
2. My agreement not to obtain or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

_____	_____	_____	_____
Customer	Date	Customer	Date

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**REGULATION B NOTICE OF INTENT TO APPLY FOR JOINT CREDIT**

**NOTICE**

You intend to apply for joint credit.

**ACKNOWLEDGMENT**

You acknowledge receipt of a copy of this notice on today's date.

_____	_____
Customer	Date
_____	_____
Customer	Date
_____	_____
Customer	Date
_____	_____
Customer	Date