

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

TYPE OF CREDIT REQUESTED

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.

- SECURED
 UNSECURED

- INDIVIDUAL CREDIT - relying solely on my income or assets.
 INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources.
 JOINT CREDIT - We intend to apply for joint credit. (initials) _____ / _____

AMOUNT REQUESTED \$	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR:
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INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)

BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & ZIP)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & ZIP) (Complete if less than 3 years at present address)				COUNTY	Did you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
EMPLOYER (Company Name & Address)						HOW LONG
BUSINESS PHONE	EXT.	POSITION OR TITLE	SALARY PER MONTH GROSS: \$ NET: \$			
PREVIOUS EMPLOYER (Company Name & Address)						HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (Include Area Code)		

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.

Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
Is any income listed in this section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When? _____ Under what name? _____

JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME (Last, First, Middle)

BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	STATE	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (if any)	PRESENT ADDRESS (Street, City, State & ZIP)				HOW LONG	
EMPLOYER (Company Name & Address)						HOW LONG
BUSINESS PHONE	EXT.	POSITION OR TITLE	SALARY PER MONTH GROSS: \$ NET: \$			
PREVIOUS EMPLOYER (Company Name & Address)						HOW LONG

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.

Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
Is any income listed in this section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When? _____ Under what name? _____

MARITAL STATUS

Complete only if for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

- APPLICANT Married Separated Unmarried (including single, divorced, and widowed)
OTHER PARTY Married Separated Unmarried (including single, divorced, and widowed)

ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person.
Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) <small>(where)</small>			\$
SAVINGS ACCOUNT NUMBER(S) <small>(where)</small>			
CERTIFICATE OF DEPOSIT(S) <small>(where)</small>			
MARKETABLE SECURITIES <small>(issuer, type, no. of shares)</small>			
REAL ESTATE <small>(location, date acquired)</small>			
LIFE INSURANCE <small>(issuer, face value)</small>			
AUTOMOBILES <small>(make, model, year)</small>			
OTHER <small>(list)</small>			
TOTAL ASSETS			\$

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES <small>(describe)</small>					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amt. per month \$ _____

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount \$ _____

Have you been declared bankrupt in the last 10 years? No Yes If yes, where? _____ Year? _____

SECURED CREDIT

Complete only if credit is to be secured. Briefly describe the property to be given as security.

PROPERTY DESCRIPTION _____

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY _____

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any). _____

SIGNATURES I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

 Applicant's Signature Date Other Signature (Where Applicable) Date

FOR CREDITOR USE

DATE _____

CLASS NO. _____

ACCOUNT NO. _____

APPROVED BY _____

DECLINED BY _____

CONFIDENTIAL FINANCIAL STATEMENT

As Of _____

APPLICANT		SOCIAL SECURITY NO.	CO-APPLICANT/SPOUSE (If Joint Statement)	SOCIAL SECURITY NO.
HOME ADDRESS		BIRTH DATE	HOME ADDRESS (if different)	BIRTH DATE
CITY	STATE	ZIP CODE	CITY	STATE
HOME PHONE		DEPENDENTS	HOME PHONE	
BUSINESS/EMPLOYER			CO-APPLICANT'S BUSINESS/EMPLOYER	
POSITION		YEARS	POSITION	YEARS
BUSINESS ADDRESS		BUSINESS PHONE	CO-APPLICANTS BUSINESS ADDRESS	BUSINESS PHONE
CITY	STATE	ZIP CODE	CITY	STATE

ASSETS			LIABILITIES		
ASSETS	IB	Checking	NOTES PAYABLE (IB)	Unsecured	
		Savings, CD	(Schedule G)	Secured	
	Other Banks	Checking	NOTES PAYABLE (OTHER)	Unsecured	
		Savings, CD	(Schedule G)	Secured	
SECURITIES (Schedule B)	Marketable (NYSE, OTC, ASE)		ACCOUNTS PAYABLE		
	Non-Marketable		INCOME TAXES PAYABLE		
	Restricted/Controlled		PROPERTY TAXES PAYABLE		
ACCOUNTS RECEIVABLE (Schedule C)			OTHER CURRENT LIABILITIES		
NOTES RECEIVABLE (Schedule C)					
CASH VALUE LIFE INS (Schedule D)			LOANS ON INSURANCE		
REAL ESTATE (Schedule E)	Homestead		MORTGAGES PAYABLE (Schedule E)	Homestead	
	Partial Interest in R/E			Part Interest	
	Real Estate Owned			R/E Owned	
AUTOS			OTHER LIABILITIES (Schedule H)	Credit Cards	
PERSONAL PROPERTY				Other	
				Other:	
OTHER ASSETS	Aircraft		TOTAL LIABILITIES (See Schedule I for Contingencies)		
	Oil/Gas Interests				
	IRA (Schedule F)		NET WORTH		
	Profit Sharing (Schedule F)				
TOTAL ASSETS			TOTAL LIAB. AND NET WORTH		

CASH FLOW INFORMATION					
(Alimony, child support or separate maintenance income need not be revealed unless you wish to have them considered as a basis for repaying the requested credit.)					
CASH SOURCES	THIS YEAR 20____	PROJECTED NEXT YEAR 20____	CASH USES	THIS YEAR 20____	PROJECTED NEXT YEAR 20____
Salary (Gross)			Personal Living Expenses		
Commission/Bonus			Home Mortgage		
Interest/Dividends			Other Mortgages		
Rental Income			Bank Loans (Prin and Int)		
Oil/Gas Rev (Net)			Other Loans (Prin and Int)		
Bsns/Ptnr/JV Income			Credit Cards		
Sale of Assets			Rental Expense		
Trust Disbribution			Insurance		
Tax Refund			Income Taxes		
Other:			Other:		
Total Cash Sources			Total Cash Uses		
			NET CASH FLOW		

SCHEDULE A - DEPOSIT ACCOUNTS

Title of Account	Name & Location Where Held	Balance	Type of Account	Account Number	Restricted? Yes or No
Total					

SCHEDULE B - STOCKS AND BONDS

Name of Issuer	Shares or Par	Market Per Share	Market Value	Registered In The Name Of	Resricited? Yes or No	Pledged? Yes or No	Cost
Total							

SCHEDULE C - NOTES AND ACCOUNTS RECEIVABLE

Due From	Original Amount	Maturity	Current Balance	Payment Terms	Rate	Collateral
Total						

SCHEDULE D - LIFE INSURANCE AND ANNUITIES (Including Employer Provided)

Name of Insured	Beneficiary	Insurance Company	Face Value	Pledged? Yes or No	Amt of Policy Loan	Net Cash Value
Total Cash Value						

SCHEDULE F - IRA, PROFIT SHARING PLANS

Trustee or Plan Administrator	Type of Account	Balance Value	Beneficiary	In The Name Of	Access Date	Amt of Policy Loan	Net Plan Value
Net Plan Value							

