

IMPORTANT: Please read these directions before completing this Application, and check the appropriate box below.

If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.

If you are applying for a joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E.

WE INTEND TO APPLY FOR JOINT CREDIT: Applicant Co-Applicant

If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section E.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act 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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

Amount Requested Payment Date Desired Proceeds of Credit to be Used For

\$

SECTION A - INFORMATION REGARDING APPLICANT

Full Name (Last, First Middle) Birth Date Home Phone Work Phone

IF U.S. PERSON (Complete all that apply)

Driver's License No.	State	Date of Issuance	Expiration Date	SSN/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State ID Card No.	State	Date of Issuance	Expiration Date	Other (Military ID, Tribal ID, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IF NON U.S. PERSON (Complete all that apply)

Driver's License No.	State	Date of Issuance	Expiration Date	SSN/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State ID Card No.	State	Date of Issuance	Expiration Date	Other (Military ID, Tribal ID, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport No. & Country of Issuance	Ind. Taxpayer ID No.	No Taxpayer ID No., Date Filed For	Other (Military ID, Tribal ID, etc.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Residential or Business Street & Mailing Address (Street, PO Box, City, State, & Zip) or; if Military, APO or FPO Address or; if N/A, Next of Kin or Friend How long at present?

Previous Address (Street, City, State, & Zip) How long at previous? Email Address

Present Employer (Company Name & Address) Occupation Position or Title How long at present? Name of Supervisor

Previous Employer (Company Name & Address) How long at previous?

Your Present **Gross** Salary or Commission Your Present **Net** Salary or Commission No. of Dependents Ages of Dependents

\$ per \$ per

SECTION A - CONTINUED

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, or separate maintenance received under: Court Order Written Agreement Oral Understanding

Other Income	Sources of Other Income	Have you ever received credit from us?
\$ <input type="text"/> per <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No When? <input type="text"/>

Is any income listed in this Section likely to be reduced before the credit requested is paid off? No Yes (Explain)

Checking Acct. No.	Where?	Savings Acct. No.	Where?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name & Address of Nearest Relative not living with you	Relationship	Phone No. (Include Area Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

COVERED BORROWER IDENTIFICATION STATEMENT

Federal Law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:

- I AM** a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.
- I AM** a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.
- OR-**
- I AM NOT** a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or dependent of such a member).

Warning: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.

By signing or electronically signing below, I certify that the box checked above accurately represents my current status as a covered borrower under the John Warner National Defense Authorization Act.

Sign or enter your name as a signature here: Date:

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)

Full Name (Last, First Middle)	Relationship to Applicant	Birth Date	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IF U.S. PERSON (Complete all that apply)				
Driver's License No.	State	Date of Issuance	Expiration Date	SSN/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State ID Card No.	State	Date of Issuance	Expiration Date	Other (Military ID, Tribal ID, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IF NON U.S. PERSON (Complete all that apply)				
Driver's License No.	State	Date of Issuance	Expiration Date	SSN/TIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State ID Card No.	State	Date of Issuance	Expiration Date	Other (Military ID, Tribal ID, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport No. & Country of Issuance	Ind. Taxpayer ID No.	No Taxpayer ID No., Date Filed For	Other (Military ID, Tribal ID, etc.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Residential or Business Street & Mailing Address (Street, PO Box, City, State, & Zip) or; if Military, APO or FPO Address or; if N/A, Next of Kin or Friend How long at present?

Previous Address (Street, City, State, & Zip) How long at previous? Email Address

SECTION B - CONTINUED

Present Employer (Company Name & Address)	Occupation	Position or Title	How long at present?	Name of Supervisor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Employer (Company Name & Address)	How long at previous?
<input type="text"/>	<input type="text"/>

Your Present Gross Salary or Commission	Your Present Net Salary or Commission	No. of Dependents	Ages of Dependents
\$ <input type="text"/> per <input type="text"/>	\$ <input type="text"/> per <input type="text"/>	<input type="text"/>	<input type="text"/>

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, or separate maintenance received under: Court Order Written Agreement Oral Understanding

Other Income	Sources of Other Income	Has the Other Party ever received credit from us?
\$ <input type="text"/> per <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No When? <input type="text"/>

Is any income listed in this Section likely to be reduced before the credit requested is paid off? No Yes (Explain)

Checking Acct. No.	Where?	Savings Acct. No.	Where?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name & Address of Nearest Relative not living with you	Relationship	Phone No. (Include Area Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

COVERED BORROWER IDENTIFICATION STATEMENT

Federal Law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:

- I AM** a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.
- I AM** a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.
- OR-**
- I AM NOT** a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or dependent of such a member).

Warning: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.

By signing or electronically signing below, I certify that the box checked above accurately represents my current status as a covered borrower under the John Warner National Defense Authorization Act.

Sign or enter your name as a signature here: Date:

SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)

- APPLICANT** Married Separated Unmarried (Including single, divorced, or widowed)
- OTHER PARTY** Married Separated Unmarried (Including single, divorced, or widowed)

SECTION D - 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	Value	Subject to Debt? Y/N	Names of Owners
Cash	\$ <input type="text"/>		
Automobiles (Make, Model, Year)			
1.			
2.			
3.			
Cash Value of Life Insurance (Issuer, Face Value)			
Real Estate (Location, Date Acquired)			
Marketable Securities (Issuer, Type, No. of Shares)			
Other (List)			
Total Assets	\$ <input type="text"/>		

SECTION D - CONTINUED

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent mortgages, etc. Use separate sheet if necessary)						
Creditor	Type of Debt or Acct. No.	Name on Account	Original Debt (Omit Rent)	Present Balance (Omit Rent)	Monthly Payments	Past Due?
Landlord or Mortgage Holder	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$	
Total Debts			\$	\$	\$	

CREDIT REFERENCES (Paid off Accounts)			DATE PAID OFF
		\$	
Auto Insurance (Name & Address)			
Are you the co-maker, endorser, or guarantor on any loan or contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom?	To Whom?	
Are there any unsatisfied judgements against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$	If "Yes", To Whom Owed?	
Have you been declared bankrupt in the last 10 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Where?	Year?	
Other Obligations (Ex: Liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)			

SECTION E - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be secured:

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)

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is **not a deposit or other obligation of, or guaranteed by**, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is **not insured** by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an **investment risk**, there is **investment risk** associated with the insurance product, including the **possible loss of value**. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

SIGNATURES

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me. Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, I acknowledge that I have received the Credit Disclosures orally at the time I applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature.

Applicant's Signature or Electronic Signature	Date	Other Signature or Electronic Signature (Where Applicable)	Date
<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 300px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>

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CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is **not a deposit or other obligation of, or guaranteed by**, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is **not insured** by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an **investment risk**, there is **investment risk** associated with the insurance product, including the **possible loss of value**. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.