

CREDIT APPLICATION
NORMANGEE STATE BANK

Section A - Information Regarding Applicant

Name: _____

Age: _____ Date Of Birth: _____ D. L. #: _____ S. S. #: _____

Present Address: _____

Rent: _____ Own: _____ Phone (home): _____ Phone (work): _____

Previous Address: _____

Rent: _____ Own: _____ Phone (home): _____ Phone (work): _____

How long at present address? _____ How long at previous address? _____

Present Employer (name & address): _____

How long with present employer? _____ Your position or title: _____

Name of supervisor: _____ Business Phone: _____

Previous Employer (name & address): _____

How long with previous employer? _____ Your position or title: _____

Your present salary or commission: (Gross) \$ _____ per _____ (Net) \$ _____ per _____

Number of dependents: _____ Ages of Dependents: _____

Other income: \$ _____ per _____ Sources of income: _____

Is any income listed likely to be reduced before the credit requested is paid off? Yes _____ No _____

Have you ever received credit from us? Yes _____ No _____ Type of account: _____

Name & address of nearest relative not living with you: _____

Relationship: _____ Phone number: _____

* * * * * Verification Of Identification * * * * *

Form of identification provided: _____

ID place of issuance: _____ Expiration date of ID: _____ Official ID number: _____

Section B - Information Regarding Joint Applicant Or Other Party

Name: _____

Age: _____ Date Of Birth: _____ D. L. #: _____ S. S. #: _____

Relationship to applicant: _____

Present Address: _____

Rent: _____ Own: _____ Phone (home): _____ Phone (work): _____

Present Employer (name & address): _____

How long with present employer? _____ Your position or title: _____

Name of supervisor: _____ Business Phone: _____

Previous Employer (name & address): _____

How long with previous employer? _____ Your position or title: _____

Your present salary or commission: (Gross) \$ _____ per _____ (Net) \$ _____ per _____

Number of dependents: _____ Ages of Dependents: _____

Other income: \$ _____ per _____ Sources of income: _____

Is any income listed likely to be reduced before the credit requested is paid off? Yes _____ No _____

Have you ever received credit from us? Yes _____ No _____ Type of account: _____

Name & address of nearest relative not living with you: _____

Relationship: _____ Phone number: _____

* * * * * Verification Of Identification * * * * *

Form of identification provided: _____

ID place of issuance: _____ Expiration date of ID: _____ Official ID number: _____

Section C - 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) _____

Section D - Asset And 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. Mark applicant only related information with an "A".

| ASSETS OWNED | | | |
|---------------------------------------|-----------|--------------------------------|-----------------|
| Description Of Assets | Value | Subject to debt (yes or no) | Names of owners |
| Cash | \$ | | |
| Automobiles 1. _____ 2. _____ | | | |
| Certificate of deposit(s) | | | |
| Cash value of life insurance | | | |
| Real estate (location, date acquired) | | | |
| Marketable securities | | | |
| Other (list) | | | |
| Other (list) | | | |
| Other (list) | | | |
| Total Assets | \$ | | |

| OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent mortgages, etc.) | | | | | | |
|---|------------------------|----------------------------------|---------------|-----------------|-----------------|-----------------|
| Creditor | Type of debt or acct # | Name in which account is carried | Original Debt | Present Balance | Monthly Payment | Past Due Yes/No |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| Total Debts | | | \$ | \$ | \$ | |
| CREDIT REFERENCES (Paid Off Accounts) | | | | | Date Paid Off | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

My auto insurance agent is (name & address): _____

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 judgements against you? No _____ Yes _____

If Yes, Amount \$ _____ To Whom Owed? _____

Have you been declared bankrupt in the last 7 years? No _____ Yes _____ Where? _____ Year? _____

Other obligations (For example, liability to pay alimony, child support, separate maintenance.) _____

Section E - 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

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 to answer questions about your credit experience with me. It is illegal to receive credit by wrongfully stating income, assets, or other information on this form. I understand that I must update credit information at your request if my financial condition changes.

APPLICANTS SIGNATURE

DATE

OTHER SIGNATURE (Where Applicable)

DATE

X

X