



OUR INITIALS BELOW DEMONSTRATE  
 OUR INTENT TO APPLY FOR JOINT CREDIT  
 APPLICANT \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

**LOAN APPLICATION**

<b>APPLICANT</b>	APPLICANT'S NAME		SR. <input type="checkbox"/>	DATE OF BIRTH	SOCIAL SECURITY NUMBER	APPLICANT'S HOME PHONE	
			JR. <input type="checkbox"/>				
	APPLICANT'S STREET ADDRESS			CITY, STATE, ZIP		HOW LONG?	<input type="checkbox"/> OWN / BUYING <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OTHERS
	PREVIOUS ADDRESS (STREET, CITY, STATE) IF AT CURRENT ADDRESS LESS THAN ONE YEAR						
	NAME, RELATIONSHIP AND PHONE OF NEAREST RELATIVE						
	APPLICANT'S OCCUPATION			APPLICANT'S EMPLOYER'S ADDRESS			
	APPLICANT'S EMPLOYER'S NAME		POSITION OR TITLE	HOW LONG WITH EMPLOYER? # OF YRS. ____ MOS. ____	SELF EMPLOYED? # OF YRS. ____ MOS. ____	MONTHLY GROSS EMPLOYMENT INCOME	
	BUSINESS PHONE	PREVIOUS EMPLOYER	OCCUPATION	HOW LONG?			
OTHER INCOME: INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO RELY ON SUCH INCOME IN APPLYING FOR CREDIT.	SOURCE (NAME & ADDRESS)					AMOUNT	
	1.					\$	
2.					\$		

<b>JOINT APPLICANT</b>	APPLICANT'S NAME		SR. <input type="checkbox"/>	DATE OF BIRTH	SOCIAL SECURITY NUMBER	APPLICANT'S HOME PHONE	
			JR. <input type="checkbox"/>				
	APPLICANT'S STREET ADDRESS			CITY, STATE, ZIP		HOW LONG?	<input type="checkbox"/> OWN / BUYING <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OTHERS
	PREVIOUS ADDRESS (STREET, CITY, STATE) IF AT CURRENT ADDRESS LESS THAN ONE YEAR						
	NAME, RELATIONSHIP AND PHONE OF NEAREST RELATIVE						
	APPLICANT'S OCCUPATION			APPLICANT'S EMPLOYER'S ADDRESS			
	APPLICANT'S EMPLOYER'S NAME		POSITION OR TITLE	HOW LONG WITH EMPLOYER? # OF YRS. ____ MOS. ____	SELF EMPLOYED? # OF YRS. ____ MOS. ____	MONTHLY GROSS EMPLOYMENT INCOME	
	BUSINESS PHONE	PREVIOUS EMPLOYER	OCCUPATION	HOW LONG?			

<b>LOAN DATA</b>	<input type="checkbox"/> SECURED	PURPOSE OF LOAN
	<input type="checkbox"/> UNSECURED	
	COLLATERAL DESCRIPTION:	
	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CD <input type="checkbox"/> STOCK <input type="checkbox"/> OTHER ACCOUNT NUMBER/CD NUMBER/OR STOCK NAME _____	
	IF AUTO, TRUCK OR BOAT:	AMOUNT REQUESTED
SERIAL NO. _____ YEAR: _____ MAKE: _____ MODEL: _____ MILEAGE: _____		
TRANSMISSION: <input type="checkbox"/> AUTO OR <input type="checkbox"/> MANUAL AIR CONDITIONING: <input type="checkbox"/> YES OR <input type="checkbox"/> NO		
INSURANCE:		
NAME OF INSURANCE COMPANY: _____ PHONE NO. _____ POLICY NO.: _____	\$	

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. HAS APPLICANT <input type="checkbox"/> OR JOINT APPLICANT <input type="checkbox"/> BEEN DECLARED BANKRUPT WITHIN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	1.	2.
	APPLICANT'S SIGNATURE	DATE
		DATE

<b>FINANCIAL DATA</b>	TOTAL ASSETS	<b>ASSET DESCRIPTION</b>	<b>VALUE</b>	<b>CREDITOR'S NAME</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE OWING</b>
	\$	REAL ESTATE	\$	MORTGAGE / RENT	\$	\$
	TOTAL DEBT	AUTOMOBILE		AUTO		
	\$	CASH		MAJOR CREDIT CARD		
	NET WORTH (TOTAL ASSETS MINUS TOTAL DEBT)	STOCKS & BONDS		OTHER		
	\$	OTHER		OTHER		
	USE EXTRA PAGE IF NECESSARY TO LIST ALL ASSETS OR DEBTS	OTHER		OTHER		
		TOTAL ASSETS	\$	TOTAL DEBT	\$	\$

**BANK REFERENCE - LIST ALL BANK ACCOUNTS**

BANK NAME	ACCOUNT NUMBER & TYPE OF ACCOUNT i.e. Checking, Savings, CD, etc.	BANK NAME	ACCOUNT NUMBER & TYPE OF ACCOUNT i.e. Checking, Savings, CD, etc.
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		<input type="checkbox"/> CD <input type="checkbox"/> OTHER
	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		<input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> OTHER

(Check if desired.) If my application is approved, I authorize you to charge my checking account # \_\_\_\_\_ for the amount of each monthly payment when due.

\_\_\_\_\_  
CHECKING ACCOUNT HOLDER'S SIGNATURE

\_\_\_\_\_  
JOINT CHECKING ACCOUNT HOLDER'S SIGNATURE

<b>OTHER OBLIGATIONS</b>	Are you a co-maker, endorser, or guarantor on any loan or contract? If yes explain _____
	Are there any unsatisfied judgements against you? If yes explain _____
	Have you been declared bankrupt in the last 14 years? If yes explain _____
	List other obligations — (e.g. liability to pay alimony, child support, separate maintenance. If yes explain _____

<b>BANK USE ONLY</b>	Date Approved _____ Date of First Payment: _____ Amount Approved: _____
	Repayment Terms: _____
	Interest Rate: _____ Loan Fee: _____ Credit Life _____ A&H: _____
	Other Fees: _____
	Source of Repayment: _____
	Collateral: _____
	Co-Makers/Guarantors: _____
	Debt/Income Ratio: _____ Debt/Worth Ratio: _____

<p align="center"> <b>Security Bank &amp; Trust Co.</b>            NMLS ID # 494802            PO Box 1209            Paris, TN 38242            (731) 644-8050         </p>
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