| LOC/ B/NI |
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LOCAL BANK - CREDIT APPLICATION IMPORTANT APPLICATION 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. | | | | | | | | | FOR CREDITOR USE DATE: | | | | | | | |
|--|--|----------------------------------|-------------|-----------------|----------------|--|-------------------------|---|------------------------------------|------------------------|--------------|-----------------------------|-----------|---------------------|--|--|
| SECURED INDIVIDUAL CREDIT - relying solely on my income or assets | | | | | | | | | ACCOUNT NO. APPROVED BY: | | | | | | | |
| UNSECURED | | AL CREDIT - re EDIT - We inte | | | | | | come or asse | ts from othe | r sources | | PROVED ECLINED | | | | |
| AMOUNT REQUESTI | UNT REQUESTED: FOR HOW LONG: PAY | | | | | | | TO REPAY: ONTHLY | | | | N TO BE USED FOR: | | | | |
| SECTION A - INDIVIDUAL AF | | | | | | | | Applicant | A ddrass: | | | | | | | |
| | A - INDIV | IDUAL AF | PLIC | CANTIN | | | ON | Applicant | 's E-Mail | Address. | | | | | | |
| LAST NAME: FIRST NAME: | | | | | | | | | | | MIDDLE NAME: | | | | | |
| BIRTHDATE: | TELEPHONI | E NUMBER: | CELL | NUMBER: | | DR IVE | R'S LIC | ENSE NO.: | SOCIAL SE | CURITY NO. | : NO | . DEPENDE | ENTS: | AGES OF DEPENDENTS: | | |
| ADDRESS: (Street, City, State & Zip) | | | | | | | COUN | COUNTY: | | | = | WN ENT? | HOW LONG? | | | |
| PREVIOUS ADDRESS: (Street, City, State & Zip) | | | | | | COUN | COUNTY: DID | | | | WN ENT? | HOW LONG? | | | | |
| EMPLOYER (Compa | ny Name & Ad | dress) | | | | | | • | | • | | | | HOW LONG? | | |
| BUSINESS PHONE: | USINESS PHONE: EXT: POSITION OR TITLE: | | | | | | | GROSS: \$ | | | | SALARY PER MONTH NET: \$ | | | | |
| PREVIOUS EMPLOY | ER (Company | Name & Address | s) | | | | | | | | | | | HOW LONG? | | |
| NAME & ADDRESS | OF NEAREST | RELATIVE NO | T LIVI | NG WITH YO | OU: | | | RELAT | RELATIONSHIP: | | | LEPHONE | NO.: (In | clude Area Code) | | |
| BANK REFERENCES: | | | | | | | | hecking | _ | rtificate of Dep | osit | Lo | oan(s) | | | |
| Alimony, child suppo | ort or separate | e maintenance in | come n | eed not be re | vealed if yo | u do no | t wish to | have it consi | dered as a ba | sis for repayi | ng this ol | oligation. | | | | |
| Alimony, child suppor | | na inten anc e inc on | ie recei | ved under: | Court O | rder | Writt | ten Agreement | Oral U | nderstanding | | | | | | |
| SOURCES OF OTHER | R INCOME: | | | | | | | | | | AN S | IOUNT PEF | R MONT | `H: | | |
| Is any income listed in No Yes | this Section lik (Explain) | ely to be reduced | be fore | the credit requ | uest is paid o | off? | | | | | | reviously red Yes -W | | edit from us? | | |
| Com | plete only if: F | SEC | | | | | | | | NFORMA' is married and | | ı a communi | ity prope | rty state. | | |
| LAST NAME: | | | FIRST NAME: | | | | | | | | MIDDLE NAME: | | | | | |
| BIRTHDATE: | TELEPHONI | E NUMBER: | CELL | NUMBER: | | DR IVE | R'S LIC | ENSE NO.: | SOCIAL SE | CURITY NO. | : NO | . DEPENDE | ENTS: | AGES OF DEPENDENTS: | | |
| ADDRESS: (Street, Ci | ty, State & Zip |) | | | | | | COUN | TY: | Y: DO YO | | | N NT? | HOW LONG? | | |
| PREVIOUS ADDRES | S: (Street, City | , State & Zip) | | | | | | COUN | TY: | 7: DO YO | | | N NT? | HOW LONG? | | |
| EMPLOYER (Compan | y Name & Ado | dress) | | | | | | _ | | | | | | HOW LONG? | | |
| BUSINESS PHONE: EXT: | | | | | POSIT | POSITION OR TITLE: | | | SALARY PER MONTH GROSS: \$ NET: \$ | | | | | | | |
| NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU: | | | | | RELAT | RELATIONSHIP: TELEPHONE NO.: (Include Area Code) | | | | | | | | | | |
| Alimony, child sup | port or sep | arate mainten | ance ii | icome need | not be re | vealed | if you | do not wish | to have it c | onsidered as | s a basis | for repay | ing thi | s obligation. | | |
| Alimony, child supp | | ate maintenanc | e incoi | ne received | under: | Court | Order | Written A | greement | Oral Under | | | | | | |
| 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? No Yes (Explain) | | | | | | | | Have you previously received credit from us? No Yes -When? | | | | | | | | |
| | | Complete | | | secured cre | edit, or | applican | | community p | roperty state | or is rely | ing | | | | |
| APPLICANT Married Separated Unmarried (Including single, c | | | | | | | | | | | | | | | | |
| OTHER PARTY | Marri | ed | | Separated | | Uı | nmarried | (Including sin | gle, divorced, | and 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 ASSE | | NAME IN WHICH THE ACCOUNT IS C | SUBJECT TO DEBT? | | | VALUE | | | | |
| CHECKING ACCOUNT NUMBER(S): (Where) | | | | | | | \$ | | | |
| SAVINGS ACCOUNT NUMBER(S): (Where) | | | | | | | \$ | | | |
| CERTIFICATE OF DEPOSIT(S): (Where) | | | | | | | \$ | | | |
| MARKETABLE SECURITIES: (Issuer, type, no. of s | shares) | | | | | | | | | |
| CASH VALUE OF LIFE INSURANCE: (Issuer, face | value) | | | | | | s s | | | |
| REAL ESTATE: (Location, date acquired) | | | | | | | V | | | |
| | | | | | | | \$ | | | |
| AUTOM OBILES: | | | | | | | \$ | | | |
| | | | | | | | s | | | |
| OTH ER: | | | | | | | \$ | | | |
| TOTAL ASSETS | | | | | | | \$ | | | |
| OUTSTANDING DEBTS (Include char | ge accounts, installment | t contracts, credit cards, rent, mortgages a | nd other ob | ligations | . Use | separate sl | neet if necessary.) | | | |
| CREDITOR | ACCOUNT NUMBER | NAME IN WHICH THE ACCOUNT IS CARRIED | ORIGII AMOU | | PRESENT BALANCE | | MONTHLY PAYMENTS | | | |
| 1. LANDLORD OR MORTGAGE HOLDER | RENT PAYMENT MORTGAGE | | (OMIT REN | IT) | (OMIT \$ | RENT) | \$ | | | |
| 2. | | | | | | | \$ | | | |
| 3. | | | | | | | \$ | | | |
| 4. | | | | | | | \$ | | | |
| 5. | | | | | | | \$ | | | |
| 6. | | | | | | | \$ | | | |
| 7. | | | | | | | \$ | | | |
| 8. | | | | | | | \$ | | | |
| 9. | | | | | | | \$ | | | |
| 10. | | | | | | | \$ | | | |
| TOTAL DEBTS | | | \$ | | \$ | | \$ | | | |
| Com plete the | e following information abou | ut both the Applicant and Joint Applicant or Oth | er Person (if a | pp licable |): | | | | | |
| Are you obligated to make Alimony, Support or Maintenance Payment? No Yes | | | | | | | | | | |
| If yes, to (Name & Address) | | | | | Amou | nt per month | s | | | |
| Are you a co-maker, endorser, or guarantor on any loan | or contract? No | es 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 Ify | es, where? | | | | Year? | | | | |
| SECTION E - SECURED CREDIT Complete only if credit is to be secured. Briefly described 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. | | | | | | | | | | |
| | Date: | | | | | | | | | |