

CREDIT APPLICATION

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				FOR CREDITOR USE	
IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.				DATE _____ CLASS NO. _____	
<input type="checkbox"/> SECURED	<input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets			ACCOUNT NO. _____	
<input type="checkbox"/> UNSECURED	<input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources			APPROVED <input type="checkbox"/> BY _____	
<input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (initials) _____				DECLINED <input type="checkbox"/> BY _____	
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: _____	

SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)					
BIRTHDATE / /	TELEPHONE NO.	DRIVER'S LICENSE NO.	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	GROSS: \$	SALARY PER MONTH 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: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> 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?				Have you previously received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

SECTION B - 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.	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	GROSS: \$	SALARY PER MONTH 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: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit requested is paid off?				Has Joint Applicant or Other Party ever received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

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	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, 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 ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	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 shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
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 (describe)					
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? _____

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 - 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 _____

INSURANCE DISCLOSURE FOR CREDIT APPLICATION

Applicant:

Lender: First NaturalState Bank
FNB II
P.O. Box 728
500 North 2nd Street (Main Bank)
703 Hwy 65 North (Branch Bank)
McGehee, AR 71654-0728
(870) 222-3880

IMPORTANT

DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY
READ IT AND UNDERSTAND ITS CONTENT

Purpose:

You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will see you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

Credit Disclosures:

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

Acknowledgment:

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS INSURANCE DISCLOSURE.

APPLICANT:

X _____ Date _____
Applicant
X _____ Date _____
Joint

BY SIGNING BELOW I ACKNOWLEDGE ON BEHALF OF THE LENDER THAT AN ORAL DISCLOSURE OF INSURANCE WAS DULY MADE TO THE APPLICANT AND THAT APPLICANT ACKNOWLEDGED RECEIPT OF THE DISCLOSURE.

LENDER:

First NaturalState Bank

X _____ Date _____
Authorized Signer

Title: _____

****JOINT CREDIT – We intend to apply for joint credit. (Initials) _____**