



First Commercial Bank, N.A. Consumer Credit Application

Type of Credit Requested

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.

<input type="checkbox"/> Secured <input type="checkbox"/> Unsecured	<input type="checkbox"/> Individual Credit - relying solely on my income or assets <input type="checkbox"/> Individual Credit - relying solely on my income or assets as well as income or assets from other sources <input type="checkbox"/> Joint Credit -			
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 - Information Regarding Applicant

Full Name (Last, First, Middle): _____

Social Security No: _____ Driver's License No: _____ State _____ Exp. _____

Birth Date: ____/____/____ Mothers Maiden Name: _____

Present Street Address: _____ P.O. Box _____ Years There: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Previous Street Address: _____ Years There: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Present Employer: _____ : Years There: _____ Phone: (____) ____ - _____

Position or Title: _____ Name of Supervisor: _____

Employers Address: _____

Present net salary or commission: \$ _____ per _____. No. Dependents: _____ Ages: _____

Previous Employer: _____ : Years There: _____ Phone: (____) ____ - _____

Name of Nearest Relative Not Living With You: _____ Relationship: _____

Address of Relative: _____ Phone: (____) ____ - _____

Is any income listed in this section likely to be reduced in the next two years or before the credit requested is paid off?

Yes (Explain in detail on a separate sheet) No

Have you previously received credit First Commercial Bank? Yes No

Section B - Information Regarding Spouse, Joint Applicant, User, or Other

Full Name (Last, First, Middle): _____

Social Security No: _____ Driver's License No: _____ State _____ Exp: _____

Birth Date: ____/____/____ Mothers Maiden Name: _____

Present Street Address: _____ P.O. Box _____ Years There: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Previous Street Address: _____ Years There: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Present Employer: _____ : Years There: _____ Phone: (____) ____ - _____

Position or Title: _____ Name of Supervisor: _____

Employers Address: _____

Present net salary or commission: \$ _____ per _____. No. Dependents: _____ Ages: _____

Previous Employer: _____ : Years There: _____ Phone: (____) ____ - _____

Is any income listed in this section likely to be reduced in the next two years or before the credit requested is paid off?

Yes (Explain in detail on a separate sheet) No

Have you previously received credit First Commercial Bank? Yes No

Section C - Describe Other Income for Applicant or Co-Applicant

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: Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding <input type="checkbox"/>
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Other Income: \$ _____ per _____. Source(s) of other income: _____

Section D - Marital Status

Applicant: Married Separated Unmarried (including single, divorced, and widowed)

Other Party: Married Separated Unmarried (including single, divorced, and widowed)

Section E – Financial Information

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) (Name of Institution)			\$
Savings Account Number(s) (Name of Institution)			
Certificate of Deposit(s) (Name of Institution)			
Marketable Securities (issuer, type, no. of shares)			
Real Estate (location, date acquired)			
Life Insurance (issuer, face value, cash value if applicable)			
Automobile(s) (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		\$	\$	\$
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 contract? No Yes If yes, for whom _____ To whom? _____

Are there any outstanding judgments against you? No Yes If yes, to whom? _____ Amount \$ _____

Have you been declared bankrupt in the last ten years? No Yes If yes, where? _____ Year? _____

Section F - Security / Credit References

If Secured, Describe collateral: _____

Address of Collateral: _____ Present Market Value: \$ _____

Name / Address of All Co-Owners of Collateral: _____

If you intend to apply for joint credit, please initial here: _____
Applicant Initials Co-Applicant Initials

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

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.

Applicant's Signature _____
 Date: _____

Other Signature (where applicable) _____
 Date: _____

Personal Monthly Cash Flow Statement

MONTHLY INCOME

Net Monthly Salary (Including Co-Applicant) _____

Bonus / Commissions _____

Dividends / Interest _____

Real Estate Income _____

Other Income: _____

TOTAL INCOME _____

MONTHLY EXPENSES

Mortgage Payment _____

Automobile Payment(s) _____

Utilities _____

Food _____

Insurance Premiums _____

Income and Other Taxes _____

Investment Expenses _____

Other Expenses: _____

TOTAL EXPENSES _____

NET MONTHLY CASH FLOW AVAILABLE _____

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.

Applicant's Signature

Other Signature (where applicable)

Date: _____

Date: _____

*Attach a copy of your most recent pay stub; self-employed borrowers may be required to provide additional documentation such as tax returns and financial statements.

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 sell 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.

Acknowledgement.

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

APPLICANT(s):

X _____
Applicant Date

X _____
Applicant Date