

CREDIT APPLICATION



First National Bank
OF BURLESON
www.firstburleson.com

P.O. Box 699 – Burleson, Texas 76097 – 817-295-0461

Please select from the following:

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income of another person as the basis for repayment of the credit requested, complete Sections A and C.
- If you are applying for joint credit with another person, complete all Sections, providing information in Section B about the joint applicant.

We intend to apply for joint credit. _____
Applicant (initial here) Co-Applicant (initial here)

- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

Amount Requested: \$ _____ Payment Date Desired: ____/____/____ Loan to be used for: _____

If loan to be secured, briefly describe collateral: _____

SECTION A - INFORMATION ABOUT APPLICANT

Name (Last, First, Middle): _____

Birth Date: ____/____/____ Soc. Sec. No.: _____ Driv. Lic. No.: _____ Home Phone No.: _____

Present Address (Street): _____ (City) _____ (State) _____ (Zip Code) _____ How Long: _____

Rent Own Name of the landlord or mortgage holder? _____ Monthly payment amount? _____

Previous Address (Street): _____ (City) _____ (State) _____ (Zip Code) _____ How Long: _____

Present Employer (Company Name, Address & Phone No.): _____ How Long: _____

Your Position/Title: _____ Gross Salary Per Month: \$ _____ Present Employer Phone No.: _____

Previous Employer (Company Name, Address & Phone No.): _____ 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: Court Order Written Agreement Oral Understanding

Other Income: \$ _____ Sources Of Other Income: _____

Checking Acct. No.: _____ Where? _____ Savings Acct. No.: _____ Where? _____

Name, address and relationship of nearest relative not living with you: _____ Phone No.: _____

SECTION B - INFORMATION ABOUT JOINT APPLICANT OR OTHER PARTY

Name (Last, First, Middle): _____

Birth Date: ____/____/____ Soc. Sec. No.: _____ Driv. Lic. No.: _____ Home Phone No.: _____

Present Address (Street): _____ (City) _____ (State) _____ (Zip Code) _____ How Long: _____

Rent Own Name of the landlord or mortgage holder? _____ Monthly payment amount? _____

Previous Address (Street): _____ (City) _____ (State) _____ (Zip Code) _____ How Long: _____

Present Employer (Company Name, Address & Phone No.): _____ How Long: _____

Your Position/Title: _____ Gross Salary Per Month: \$ _____ Present Employer Phone No.: _____

Previous Employer (Company Name, Address & Phone No.): _____ 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: Court Order Written Agreement Oral Understanding

Other Income: \$ _____ Sources Of Other Income: _____

Checking Acct. No.: _____ Where? _____ Savings Acct. No.: _____ Where? _____

Name, address and relationship of nearest relative not living with you: _____ Phone No.: _____

SECTION C - Complete the following information about all applicants (please mark if the information pertains to applicant A or B)

If not a U.S. Citizen, what is immigration status? _____

Have you ever filed bankruptcy? No Yes – When? _____ Where? _____

Are there any unsatisfied judgements against you? No Yes – To Whom owed? _____ Amount \$ _____

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes – For Whom? _____ To Whom? _____

SIGNATURES – I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and I understand that I must update credit information at your request.

In no way will our decision to extend credit to you be based or conditioned upon whether or not you purchase an insurance product or annuity from us or any affiliate of ours; nor will we prohibit you or ask you not to obtain an insurance product or annuity from an unaffiliated entity.

Also, by signing below you acknowledge receiving a copy of this written disclosure and (except for transactions conducted by mail) that the disclosures were also orally given to you by the Financial Institution.

Applicant's Signature _____ Date _____

Other Signature (Where Applicable) _____ Date _____