

CREDIT APPLICATION

<p style="text-align: center;">TYPE OF CREDIT REQUESTED</p> <p>IMPORTANT: Check the appropriate boxes below and complete all applicable sections</p> <p> <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT – relying solely on my income and assets <input type="checkbox"/> INDIVIDUAL CREDIT – relying on my income/assets as well as income/assets from other sources <input type="checkbox"/> JOINT CREDIT </p>	<p style="text-align: center;">FOR CREDITOR USE</p> <p>DATE: _____ CLASS #: _____ ACCOUNT #: _____ APPROVED BY: _____ DENIED BY: _____</p>
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AMT REQUESTED	FOR HOW LONG	PYMT DATE DESIRED	WANT TO REPAY	PROCEEDS TO BE USED FOR
\$ _____	_____	_____	<input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	_____

SECTION A – INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)				
BIRTHDATE	TELEPHONE #:	DR. LIC #	SOCIAL SECURITY #	NO. AND AGES OF DEPENDENTS
ADDRESS (Street, City, State, Zip)			COUNTY	CHECK ONE: <input type="checkbox"/> Own <input type="checkbox"/> Rent
PREVIOUS ADDRESS (If less than 3 years at current address)			COUNTY	CHECK ONE: <input type="checkbox"/> Own <input type="checkbox"/> Rent
EMPLOYER (Company Name & Address)				HOW LONG
BUSINESS PHONE #:	JOB POSITION/TITLE	GROSS: \$	SALARY PER MONTH: NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE (Not living with you)			RELATIONSHIP	PHONE #: (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 repayment source. Alimony, child support, separate maintenance received from: <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? <input type="checkbox"/> No <input type="checkbox"/> Yes			Have you received credit from us previously? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B – JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete if joint credit, individual credit relying on other sources or if applicant is married and resides in community property state

NAME (Last, First, Middle)				
BIRTHDATE	TELEPHONE #:	DR. LIC #	SOCIAL SECURITY #	NO. AND AGES OF DEPENDENTS
ADDRESS (Street, City, State, Zip)			COUNTY	CHECK ONE: <input type="checkbox"/> Own <input type="checkbox"/> Rent
PREVIOUS ADDRESS (If less than 3 years at current address)			COUNTY	CHECK ONE: <input type="checkbox"/> Own <input type="checkbox"/> Rent
EMPLOYER (Company Name & Address)				HOW LONG
BUSINESS PHONE #:	JOB POSITION/TITLE	GROSS: \$	SALARY PER MONTH: NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE (Not living with you)			RELATIONSHIP	PHONE #: (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 repayment source. Alimony, child support, separate maintenance received from: <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? <input type="checkbox"/> No <input type="checkbox"/> Yes			Have you received credit from us previously? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION C – MARITAL STATUS

Complete if joint credit, individual credit relying on other sources or if applicant is married and resides in community property state

APPLICANT:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, widowed)
OTHER PARTY:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, widowed)

SECTION D – ASSET & DEBT INFORMATION

If Section B has been completed, this section should be completed giving information about both the Applicant and the Joint Applicant. Please mark Applicant information with an "A"

ASSETS OWNED (Use separate sheet if necessary)			
DESCRIPTION OF ASSETS	NAME ON ACCOUNT	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBERS and LOCATION:			
SAVINGS ACCOUNT NUMBERS and LOCATION			
CERTIFICATES OF DEPOSIT and LOCATION:			
MARKETABLE SECURITIES: (issuer, type, # 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 ON ACCOUNT	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
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 Party (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 DEBT 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 SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if married):

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 to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature _____

Date _____

Other Signature (where applicable) _____

Date _____

NATIONAL BANK OF SOUTHWEST FLORIDA

**FAIR AND ACCURATE CREDIT TRANSACTIONS ACT
CONSUMER NOTIFICATION**

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.

The Borrower, after having read the contents of the above notification, acknowledges receipt of this Notification and further acknowledges that this Notification was completed in full at time of application for a consumer loan.

BORROWER(S):

Name

Date

Name

Date

NATIONAL BANK OF SOUTHWEST FLORIDA

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.

The Borrower, after having read the contents of the above disclosure, acknowledges receipt of this Disclosure and further acknowledges that this Disclosure was provided at time of application.

BORROWER(S):

Name

Date

Name

Date