IMPORTANT APPL several questions and t information you provid	to provide one or	ORMATION: more forms of	fidentificatio	requires on to fulfi	financial ill this rec	institution	s to obtai	n sufficien	t informat	ion to v	erify	your	identity.			
TYPE OF CREDIT REQUESTED IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections. SECURED INDIVIDUAL CREDIT - relying solely on my income or assets UNSECURED INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources JOINT CREDIT - We intend to apply for joint credit. (Initials)								FOR CREDITOR USE DATE:								
AMOUNT REQUESTED: FOR HOW LONG: PAYMENT DATE DESIRED: WANT TO REPAY: PROCEEDS OF LO.									DAN TO BE USED FOR:							
SECTION A - INDIVIDUAL APPLICANT INFORMATION Applicant's E-Mail Address:																
LAST NAME: FIRST NAME: MIDDLE NAME:																
BIRTHDATE: T	ELEPHONE NUM	BER: CELL	NUMBER:		DRIVER	'S LICENSI	E NO.:	SOCIAL SE	CURITY N	0.:	NO. I	DEPEN	DENTS:	AGE	S OF DEPENDENTS:	
ADDRESS: (Street, City, State & Zip)					COUNT	COUNTY: DO			DU R	8	OWN RENT?		HOW LONG?			
PREVIOUS ADDRESS:	(Street, City, State	& Zip)					COUNTY: D			DID Y	OYOU OWN OR RENT?				HOW LONG?	
EMPLOYER (Company	Name & Address)						<u> </u>				HOW L				HOW LONG?	
BUSINESS PHONE:	BUSINESS PHONE: EXT: POSITION OR TITLE:						GROSS: \$			\$	SALARY PER MONTH NET: \$					
PREVIOUS EMPLOYER (Company Name & Address) HOW LONG?										HOW LONG?						
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:						RELATIONSHIP:				TELEPHONE NO.: (Include Area Code)						
BANK REFERENCES: Certificate of Deposit Loan(s) Savings Other																
Alimony, child support	or separate maint	enance income n	eed not be rev	vealed if y	ou do not	wish to have	e it consid	ered as a ba	sis for repa	iying thi	s obli	gation.				
Alimony, child support or separate maintenance income received under: Court Order Written Agreement 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? No Yes (Explain) Have you previously received credit from us? No 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.																
LAST NAME: FIRST NAME:										MIDDLE NAME:						
BIRTHDATE: T	ELEPHONE NUM	BER: CELL	NUMBER:		DRIVER	S LICENSI	ENSENO.: SOCIAL SECURITY			O.:	NO. DEPENDENTS: AGES OF D			S OF DEPENDENTS:		
ADDRESS: (Street, City, State & Zip)						COUNTY:			DO YO	YOU OWN OR RENT?				HOW LONG?		
PREVIOUS ADDRESS: (Street, City, State & Zip)					COUNTY:			DO YO	U		WN RENT?		HOW LONG?			
EMPLOYER (Company Name & Address) OR RENT?																
BUSINESS PHONE: EXT:					POSITION OR TITLE:				SALARY PER MONTH GROSS: \$ NET: \$							
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:					RELATIONSHIP:				TELEPHONE NO.: (Include Area Code)							
Alimony, child suppo	ort or separate i	maintenance in	ncome need	not be re	evealed i	f you do n	ot wish to	o have it c	onsidered	as a ba	isis f	or rep	oaying th	is ob	ligation.	
Alimony, child support	1	intenance incor	me received u	under:	Court	Order	Written Ag	reement	Oral Une	derstandi	•					
SOURCES OF OTHER INCOME:																
							ave you p No	ve you previously received credit from us? No 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																
APPLICANT Married Separated Unmarried (Including single, divorced, and widowed)																
OTHER PARTY	Married		Separated		Unr	narried (Incl	uding singl	e, divorced,	and widowe	ed)						

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Please mark Applicant-related in	this Section should be conformation with an "A".	D - ASSET & DEBT INFORMATIO impleted giving information about both the f Section B was not completed, only give in	Applicant and J			
ASSETS OWNED (Use separate sheet		1				
DESCRIPTION OF ASSE CHECKING ACCOUNT NUMBER(S): (Where)	CTS	NAME IN WHICH THE ACCOUNT IS	SUBJEC	T TO DEBT?	VALUE	
						\$
SAVINGS ACCOUNT NUMBER(S): (Where)						\$
CERTIFICATE OF DEPOSIT(S): (Where)						\$
MARKETABLE SECURITIES: (Issuer, type, no. of	shares)					s
CASH VALUE OF LIFE INSURANCE: (Issuer, face	e value)					\$
REAL ESTATE: (Location, date acquired)						
AUTOMOBILES:						\$
						\$ \$
OTHER:						s
TOTAL ASSETS						\$
OUTSTANDING DEBTS (Include cha	rge accounts, installmer	t contracts, credit cards, rent, mortgages	and other obl	igations.	Use separate s	heet if necessary.)
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGIN AMOUN		PRESENT BALANCE	MONTHLY PAYMENTS
1. LANDLORD OR MORTGAGE HOLDER	RENT PAYMENT		(OMIT REN		MIT RENT)	TAIMENIS
2.	MORTGAGE		Ŝ	ŝ	,	\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$
						\$
9.						\$
10.						\$
TOTAL DEBTS			\$	\$		\$
Com plete th	e following information abo	ut both the Applicant and Joint Applicant or O	ther Person (if a _l	oplicable):		
Are you obligated to make Alimony, Support or Main	tenance Payment? No	Yes				
If yes, to (Name & Address)				А	mount per month	\$
Are you a co-maker, endorser, or guarantor on any loa	n or contract? No	Yes If yes, for whom?	\$		To whom?	
Are there any unsatisfied judgments against you?	No Yes If yes	, to whom owed?		Amo unt \$		
Have you been declared bankrupt in the last 10 years?	No Yes If	yes, where?		Year?		
	REDCREDIT Complete of	nly if credit is to be secured. Briefly described	the property to b	e given as s	ecurity.	
PROPERTY DESCRIPTION:						
NAMES & ADDRESSES OF ALL CO-OWNERS OF	F THE PROPERTY:					
IF THE SECURITY IS REAL ESTATE, GIVE THE I	FULL NAME OF YOUR SPO	DUSE (IF ANY):				
SIGNATURES - I certify that everything I have sta below I authorize Lender to check my credit and en credit information at Lender's request if my financ	mployment history and to a					
Date: Date: Date:						