

CENTRAL NATIONAL BANK OF POTEAU CREDIT APPLICATION

IMPORTANT APPLICATION 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.

<p align="center">TYPE OF CREDIT REQUESTED</p> <p>IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.</p> <input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets <input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (Initials)	<p align="center">FOR CREDITOR USE</p> <p>DATE: _____ ACCOUNT NO. _____ <input type="checkbox"/> APPROVED BY: _____ <input type="checkbox"/> DECLINED BY: _____</p>
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AMOUNT REQUESTED: \$ _____	FOR HOW LONG: _____	PAYMENT DATE DESIRED: _____	WANT TO REPAY: <input type="checkbox"/> MONTHLY	PROCEEDS OF LOAN TO BE USED FOR: _____
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SECTION A - INDIVIDUAL APPLICANT INFORMATION Applicant's E-Mail Address: _____

LAST NAME: _____	FIRST NAME: _____	MIDDLE NAME: _____
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BIRTHDATE: / /	TELEPHONE NUMBER:	CELL NUMBER:	DRIVER'S LICENSE NO.:	SOCIAL SECURITY NO.:	NO. DEPENDENTS:	AGES OF DEPENDENTS:
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ADDRESS: (Street, City, State & Zip)	COUNTY:	DO YOU <input type="checkbox"/> OWN OR <input type="checkbox"/> RENT?	HOW LONG?
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PREVIOUS ADDRESS: (Street, City, State & Zip)	COUNTY:	DID YOU <input type="checkbox"/> OWN OR <input type="checkbox"/> RENT?	HOW LONG?
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EMPLOYER (Company Name & Address)	HOW LONG?
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BUSINESS PHONE: _____	EXT: _____	POSITION OR TITLE: _____	SALARY PER MONTH GROSS: \$ _____ NET: \$ _____
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PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG?
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:	RELATIONSHIP:	TELEPHONE NO.: (Include Area Code)
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BANK REFERENCES:	<input type="checkbox"/> Checking	<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Loan(s)	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____
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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 or separate maintenance income received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME:	AMOUNT PER MONTH: \$ _____
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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 (Explain)	Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes -When?
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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: _____
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BIRTHDATE: / /	TELEPHONE NUMBER:	CELL NUMBER:	DRIVER'S LICENSE NO.:	SOCIAL SECURITY NO.:	NO. DEPENDENTS:	AGES OF DEPENDENTS:
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ADDRESS: (Street, City, State & Zip)	COUNTY:	DO YOU <input type="checkbox"/> OWN OR <input type="checkbox"/> RENT?	HOW LONG?
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PREVIOUS ADDRESS: (Street, City, State & Zip)	COUNTY:	DO YOU <input type="checkbox"/> OWN OR <input type="checkbox"/> RENT?	HOW LONG?
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EMPLOYER (Company Name & Address)	HOW LONG?
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BUSINESS PHONE: _____	EXT: _____	POSITION OR TITLE: _____	SALARY PER MONTH GROSS: \$ _____ NET: \$ _____
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:	RELATIONSHIP:	TELEPHONE NO.: (Include Area Code)
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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 or separate maintenance income received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME:	AMOUNT PER MONTH: \$ _____
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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 (Explain)	Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes -When?
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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)			\$
CASH VALUE OF LIFE INSURANCE: (Issuer, face value)			\$
REAL ESTATE: (Location, date acquired)			\$
AUTOMOBILES:			\$
			\$
OTHER:			\$
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
1. LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> RENT PAYMENT <input type="checkbox"/> MORTGAGE		(OMIT RENT) \$	(OMIT RENT) \$	\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$
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 Payment? No Yes

If yes, to (Name & Address) _____ Amount 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 described 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.

_____ Date: _____ _____ Date: _____