

**FIRST NATIONAL BANK
OF IZARD COUNTY
CALICO ROCK, AR 72519**

CREDIT APPLICATION

TYPE OF CREDIT REQUESTED

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

- | | |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> SECURED | <input type="checkbox"/> INDIVIDUAL CREDIT – relying solely on my income or assets and not income or assets of another person as basis for repayment of debt |
| <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 – (application must be signed by all applicants) | |

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
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SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)					
BIRTH DATE / /	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & ZIP)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent? HOW LONG
PREVIOUS ADDRESS (Street, City, State & ZIP) (Complete if less than 3 years at present address)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent? HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (Include Area Code)	
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	HOW OFTEN PAID	TAKE HOME SALARY PER MONTH \$	
PREVIOUS EMPLOYER (Company Name & Address)					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: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME			AMOUNT PER MONTH \$	TOTAL MONTHLY PAYMENTS \$	
Is any income listed in the 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?	

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.

NAME (Last, First, Middle)					
BIRTH DATE / /	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (if Any)		PRESENT ADDRESS (Street, City, State & ZIP)			HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	HOW OFTEN PAID	TAKE HOME SALARY PER MONTH \$	
PREVIOUS EMPLOYER (Company Name & Address)					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: <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 the Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> 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 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 & DEBIT 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 the Section.

ASSETS OWNED (Use separate sheet if necessary)			
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CASH (Checking, Savings, etc)			\$
STOCKS, BONDS, RETIREMENT, 401K			
ACCOUNTS RECEIVABLE (where)			
LIVESTOCK			
REAL ESTATE (location, date acquired)			
AUTOMOBILES (make, model, year			
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 / COLLATERAL	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		(OMIT RENT) \$	(OMIT RENT) \$	\$
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 or contract? No Yes If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgments against you? No Yes If yes, for whom owed? _____ Amount \$ _____

Have you been declared bankrupt in the last 10 years? No Yes If yes, for where? _____ Year? _____

SECTION E - CREDIT REFERENCES

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