

First State Bank of Healy

P.O. Box 200 • Healy, KS 67850
620-398-2215 • www.fsbhealy.com



Closed End, Secured/Unsecured Credit

CREDIT APPLICATION

IMPORTANT: Please read these directions before completing this Application, and check (✓) the appropriate box below.

- If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.
- If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E. WE INTEND TO APPLY FOR JOINT CREDIT:
- 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 except E 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. If the requested credit is to be secured, then complete Section E.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

AMOUNT REQUESTED \$ _____ PAYMENT DATE DESIRED _____ PROCEEDS OF CREDIT TO BE USED FOR _____

SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle) _____ BIRTH DATE _____ HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____ Ext. _____

IF U.S. PERSON: (Complete all that apply)
DRIVERS LICENSE NO. _____ STATE _____ DATE OF ISSUANCE _____ DATE OF EXPIRATION _____ SOCIAL SECURITY NO. or TAX I.D. NO. _____
STATE ID CARD NO. _____ STATE _____ DATE OF ISSUANCE _____ DATE OF EXPIRATION _____ OTHER (MILITARY ID, TRIBAL ID, ETC.) _____

IF NON U.S. PERSON: (Complete all that apply)
DRIVERS LICENSE NO. _____ STATE _____ DATE OF ISSUANCE _____ DATE OF EXPIRATION _____ SOCIAL SECURITY NO. or TAX I.D. NO. _____ STATE ID CARD NO. _____ STATE _____ DATE OF ISSUANCE _____ DATE OF EXPIRATION _____
PASSPORT NO. & COUNTRY OF ISSUANCE: _____ INDIVIDUAL TAXPAYER ID NO. _____ NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE, WHEN FILED: _____ GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE: _____ OTHER _____

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or: IF MILITARY, APO OR FPO ADDRESS or: IF N/A, NEXT OF KIN OR FRIEND _____ HOW LONG AT PRESENT ADDRESS? _____

PREVIOUS ADDRESS (Street, City, State, & Zip) _____ HOW LONG AT PREVIOUS ADDRESS? _____ EMAIL ADDRESS _____

PRESENT EMPLOYER (Company Name & Address) _____ OCCUPATION _____ POSITION OR TITLE _____ HOW LONG WITH PRESENT EMPLOYER? _____ NAME OF SUPERVISOR _____

PREVIOUS EMPLOYER (Company Name & Address) _____ HOW LONG WITH PREVIOUS EMPLOYER? _____

YOUR PRESENT GROSS SALARY OR COMMISSION \$ _____ PER _____ YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER _____ NO. DEPENDENTS _____ AGES OF DEPENDENTS _____

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 received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ _____ PER _____ SOURCES OF OTHER INCOME _____ Have you ever received credit from us? No Yes - When? _____

Is any income listed in this Section likely to be reduced before the credit requested is paid off? No Yes (Explain) _____ Checking Acct. No. _____ Where? _____ Savings Acct. No. _____ Where? _____

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ TELEPHONE NO. (Include Area Code) _____

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary.)

FULL NAME (Last, First, Middle) _____ RELATIONSHIP TO APPLICANT (If Any) _____ BIRTH DATE _____ HOME PHONE _____ CELL PHONE _____ BUSINESS PHONE _____ Ext. _____

IF U.S. PERSON: (Complete all that apply)
DRIVERS LICENSE NO. _____ STATE _____ DATE OF ISSUANCE _____ DATE OF EXPIRATION _____ SOCIAL SECURITY NO. or TAX I.D. NO. _____
STATE ID CARD NO. _____ STATE _____ DATE OF ISSUANCE _____ DATE OF EXPIRATION _____ OTHER (MILITARY ID, TRIBAL ID, ETC.) _____

IF NON U.S. PERSON: (Complete all that apply)
DRIVERS LICENSE NO. _____ STATE _____ DATE OF ISSUANCE _____ DATE OF EXPIRATION _____ SOCIAL SECURITY NO. or TAX I.D. NO. _____ STATE ID CARD NO. _____ STATE _____ DATE OF ISSUANCE _____ DATE OF EXPIRATION _____
PASSPORT NO. & COUNTRY OF ISSUANCE: _____ INDIVIDUAL TAXPAYER ID NO. _____ NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE, WHEN FILED: _____ GOVERNMENT ISSUED DOCUMENT NO. AND COUNTRY OF ISSUANCE: _____ OTHER _____

PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State, & Zip) or: IF MILITARY, APO OR FPO ADDRESS or: IF N/A, NEXT OF KIN OR FRIEND _____ HOW LONG AT PRESENT ADDRESS? _____

PRESENT EMPLOYER (Company Name & Address) _____ OCCUPATION _____ POSITION OR TITLE _____ HOW LONG WITH PRESENT EMPLOYER? _____ NAME OF SUPERVISOR _____

PREVIOUS EMPLOYER (Company Name & Address) _____ HOW LONG WITH PREVIOUS EMPLOYER? _____ EMAIL ADDRESS _____

YOUR PRESENT GROSS SALARY OR COMMISSION \$ _____ PER _____ YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER _____ NO. DEPENDENTS _____ AGES OF DEPENDENTS _____

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 received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ _____ PER _____ SOURCES OF OTHER INCOME _____ Has Joint Applicant or Other Party ever received credit from us? No Yes - When? _____

Is any income listed in this Section likely to be reduced before the credit requested is paid off? No Yes (Explain) _____ Checking Account No. _____ Where? _____ Savings Account No. _____ Where? _____

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____ RELATIONSHIP _____ TELEPHONE NO. (Include Area Code) _____

SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)

APPLICANT Married Separated Unmarried (Including single, divorced, or widowed)

OTHER PARTY Married Separated Unmarried (Including single, divorced, or widowed)

MILITARY SERVICE

Is Applicant a Service Member? Yes No

Is Co-Applicant a Service Member? Yes No

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	VALUE	SUBJECT TO DEBT? Yes / No	NAMES OF OWNERS
CASH	\$		
AUTOMOBILES (Make, Model, Year)			
1.			
2.			
3.			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
TOTAL ASSETS	\$		

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

CREDITOR	TYPE OF DEBT OR ACCOUNT NUMBER	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT (Omit Rent)	PRESENT BALANCE (Omit Rent)	MONTHLY PAYMENTS	PAST DUE? Yes / No
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$	
TOTAL DEBTS			\$	\$	\$	

CREDIT REFERENCES (Paid off Accounts)

	DATE PAID OFF
\$	

MY AUTO INSURANCE AGENT IS: (Name & Address)

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

Are there any unsatisfied judgments against you? No Yes - Amount \$ _____ If "Yes", To Whom Owed? _____

Have you been declared bankrupt in the last 10 years? No Yes - Where? _____ Year? _____

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

SECTION E - SECURED CREDIT (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 THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any):

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

SIGNATURES

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me.

APPLICANT'S SIGNATURE _____ DATE _____

Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided electronically, by signing below, I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature.

OTHER SIGNATURE (Where Applicable) _____ DATE _____

X **X**

FEDERAL CONSUMER CREDIT DISCLOSURES

CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance product or an annuity: (1) The insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); (2) With exception of Federal Flood Insurance or Federal Crop Insurance, the insurance product or annuity is not insured by the Federal Deposit Insurance Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) In the case of an insurance product or annuity that involves an investment risk, there is investment risk associated with the insurance product, including the possible loss of value. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the following: (1) Your purchase of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.