



FIRST NATIONAL BANK

BROKEN ARROW

LOAN REQUEST INFORMATION	Please type or complete in ink.										
	Please check type(s) of loan applied for:					Amount Requested		Terms			
	<input type="checkbox"/> Auto/Boat (Please complete section "To Be Financed")					\$ _____		_____ Years			
	<input type="checkbox"/> Other (Specify) _____					\$ _____		_____ Years			
	<input type="checkbox"/> Personal Line of Credit/Reserve Checking					\$ _____					
	Purpose of Loan _____										
	Optional Credit Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No										
	This application is for: (a married co-applicant may apply for an individual account)										
	<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account with Co-applicant (if you have a co-applicant please have them complete the co-applicant section).										
	For Community Property State This Application is Based Upon <input type="checkbox"/> My (Our) Marital Community <input type="checkbox"/> My Sole and Separate Property and Income.										
TO BE FINANCED	Auto/Boat (Please complete if applying for auto or boat loan and attach additional sheets if necessary.)										
	Make			Model			Year				
	Serial Number (If available)			Engine Type			Purchase Price				
	If used, liens outstanding					Dealer Name					
APPLICATION INFORMATION	Personal (Do not check a box if applying for individual, unsecured credit.)										
	Marital Status		<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Separated				
	Name (Last)		(First)		(Initial)		Social Security Number		Date of Birth		Age
	Address					Drivers License Number			Home Phone Number ()		
	City, State, Zip					<input type="checkbox"/> Own <input type="checkbox"/> Rent		How Long Yrs. Mos.		No. Dependents	
	Previous Address (if less than 5 years at present address)					How Long Yrs. Mos.		Any Other Name Used for Credit Purposes			
	Name of Nearest Relative Not Living With You			Address			Relationship		Home Phone Number ()		
	Name of Personal Reference			Address					Home Phone Number ()		
	Employment										
	Firm Name or Employer			Address			Business Phone Number ()				
	Position (Owner, Partner, Officer, etc.)			How Long Yrs. Mos.		Type of Business		No. Years in Present Profession			
	Previous Firm Name or Employer			Address			How Long Yrs. Mos.		Business Phone Number ()		
	Income										
	Monthly Salary		Please submit signed copies of your previous two years income tax returns if you are self-employed, have income based on commissions or have significant income from dividends, interest, partnerships, capital gains or rental property. You are not required to disclose income from alimony, child support or maintenance unless you want us to consider it in connection with your application.								
	Other Income			Source and Address							
	Financial References										
	Bank Accounts, Bank Name and Location					Checking Account No.		Savings Account No.			
	Bank Accounts, Bank Name and Location					Checking Account No.		Savings Account No.			
	Name and Address of Mortgage Holder or Landlord					Monthly Mortgage Payment/Rent		Real Estate Taxes (if not included in mortgage payment)			
	Purchase Price		Present Value		Balance Owning		Rate %		Account Number		
	Home and Vehicle Insurance Agent(s)				Address			Business Phone number ()			
	Debit and Credit References										
	List all notes payable, banks, credit cards, dept. stores, etc., itemized. (Attach additional sheet if necessary)										
	Name of Creditor		Account No.	Balance	Mo. Payment	Name of Creditor		Account No.	Balance	Mo. Payment	
	1					4					
	2					5					
	3					6					
	Miscellaneous										
	Are you liable for alimony, child support or maintenance payments?										
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes \$ _____ Per _____ Months										
	Do you have any lease obligations?										
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes \$ _____ Per _____ Months										
Are you an endorsee, guarantor, co-maker?											
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Describe: _____											
Have you ever been a subject of a bankruptcy proceeding or are there any unsatisfied judgments against you? If Yes, Describe: _____											

APPLICATION INFORMATION (CONTINUED)	Assets and Liabilities Provide the information below about yourself, include information about joint application or other person only if you are either relying on that person's income or you are applying for joint credit.					
	Assets	Amount	Liabilities	Acct. Number	Amount Owed	Mo. Payments
	Cash (identify) 1.		Notes payable to First National:			
	2.		Notes payable to Banks:			
	Notes Receivable:		Secured:			
	Stocks and Bonds:		Unsecured:			
			Accounts/Bills Payable:			
	Cash Value in Life Insurance:		Real Estate Indebtedness:			
	Automobile (year and make) 1.					
	2.		Other Liabilities, Itemized:			
	Retirement Account(s) 1.		1. (Auto Loan)			
	2.		2.			
	Real Estate (Residence(s)) 1.		3.			
	2.		4.			
	Other Assets 1.		Total Liabilities			
Total Assets		Net Worth (Total assets minus total liabilities)				

CO-APPLICANT INFORMATION (IF ANY)	Personal Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated						
	Name (Last)		(First)	(Initial)	Social Security Number	Date of Birth	Age
	Address			Drivers License Number	Home Phone Number ()		
	City, State, Zip			How Long Yrs. Mos.	Relationship to Applicant		
	Previous Address (if less than 5 years at present address)					How Long Yrs. Mos.	
	Employment						
	Firm Name or Employer			Address		Business Phone Number ()	
	Position	Monthly Salary	How Long Yrs. Mos.	Type of Business	No. Years in Present Profession		
	Previous Firm Name or Employer		Address	How Long Yrs. Mos.	Business Phone Number ()		

INSURANCE DISCLOSURE:

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS INSURANCE DISCLOSURE.

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 loan is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT/GUARANTOR/ENDORSER
SIGNATURE (Where Applicable)

DATE

X_____

X_____