

**CIP (CUSTOMER IDENTIFICATION PROGRAM) INFORMATION
IMPORTANT INFORMATION ABOUT PROCEDURES FOR CUSTOMERS APPLYING FOR A LOAN**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person or entity who opens an account. Primary Identification Obtained (Required):*

Borrower	Expiration Date	Issue Date
_____	_____	_____
ID Number	State/County of Issue	
_____	_____	

Co-Borrower	Expiration Date	Issue Date
_____	_____	_____
ID Number	State/County of Issue	
_____	_____	

*Primary Identification can be in the form of a Drivers License, State ID Card, Military ID Card, Passport, etc.



If you have any questions regarding this application, please contact our loan department.

**Or
apply for a loan
by calling**



**24-hour
LOANS by PHONE**

allows you to call from the comfort of your home or office. Apply for loans easily and confidentially, and receive a quick response.



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PERSONAL LOANS



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Fast loan approval
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IF YOU INTEND TO APPLY FOR JOINT CREDIT, PLEASE INITIAL HERE: APPLICANT _____ CO-APPLICANT _____

Please be sure to give the complete address. On other questions, if a co-applicant has the same information as the applicant, indicate "Same."

APPLICANT:

I/We request a loan in the amount of \$: _____ This loan will be used for: _____

Full Name (Last, First, MI): _____

Social Security No.: _____ Date of Birth: _____ E-mail address: _____

Monthly Income*: Gross: \$ _____ Net: \$ _____ No. Dependents: Self + _____

*Alimony, Child Support, and separate maintenance need not be revealed if you do not wish to have them considered as a basis for the repayment of this obligation.

- Own Home
- Rent/Military Housing
- Years at present address _____

Address (if P.O. Box provide physical address): _____

Physical Address (Street, City, State, ZIP): _____ Yrs.: _____ Mo.: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Bank Name: _____ Checking No.: _____ Savings No.: _____

Employer (if military, unit and PCS date): _____ Time Employed: Yrs. _____ Mo. _____

Position (if military, provide rank and ETS date): _____

CO-APPLICANT:

Full Name (Last, First, MI): _____

Social Security No.: _____ Date of Birth: _____ E-mail address: _____

Monthly Income*: Gross: \$ _____ Net: \$ _____ No. Dependents: Self + _____

*Alimony, Child Support, and separate maintenance need not be revealed if you do not wish to have them considered as a basis for the repayment of this obligation.

- Own Home
- Rent/Military Housing
- Years at present address _____

Address (if P.O. Box provide physical address): _____

Physical Address (Street, City, State, ZIP): _____ Yrs.: _____ Mo.: _____

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Bank Name: _____ Checking No.: _____ Savings No.: _____

Employer (if military, unit and PCS date): _____ Time Employed: Yrs. _____ Mo. _____

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