



FIRST NATIONAL BANK BROKEN ARROW

LOAN REQUEST INFORMATION	Please type or complete in ink.		
	Please check type(s) of loan applied for:		Amount Requested
	<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 _____		
	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 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
	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:							

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.					
3.		Other Liabilities, Itemized:			
Retirement Account(s) 1.		1. (Auto Loan)			
2.		2.			
Real Estate (Residence(s)) 1.		3.			
2.		4.			
Other Assets 1.		5.			
2.		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		Business Phone Number Yrs. Mos. ()	

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 _____ DATE _____
 SIGNATURE (Where Applicable)

X _____

X _____