

CUSTOMER'S INTENT OF APPLICATION DISCLOSURE

Please read the following statements. Check the appropriate box that applies to you and sign and date on the signature line.

- If you are applying for an individual account, 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.

- If you are applying for individual credit or an individual account, 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.

- If you are applying for joint credit with another person for a joint account or an account that you and another person will use and relying on yours and another person's income or assets for repayment of the credit requested.

I intend to apply for individual credit.

Signature

Date _____

We intend to apply for joint credit.

Signature

Date _____

Signature

Date _____

Signature

Date _____

Signature

Date _____

Signature

Date _____



600 NW 5th • Moore, OK 73160
(405) 794-5511

PERSONAL LOAN APPLICATION

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APPLICANT				FOR INTERNAL USE ONLY	
NAME		HOME PHONE		AMOUNT REQUESTED	MOS. REQUESTED
PRESENT STREET ADDRESS		How long at this address:		PURPOSE OF LOAN	
CITY AND STATE		ZIP			
IMMEDIATE PREVIOUS ADDRESS		How long at this address:		COLLATERAL OFFERED AND HOW OWNED	
CITY AND STATE		ZIP			
Check marital status only if applying for secured credit <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated					

SOCIAL SECURITY#	BIRTHDATE	NO. DEPENDENTS	LIST DEPENDENTS BY AGE
NAME, ADDRESS, PHONE AND RELATIONSHIP OF TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THAN A PRESENT OR FORMER SPOUSE			ARE YOU A U.S. CITIZEN?
1) _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
2) _____			

INCOME AND EMPLOYMENT			
PRESENT EMPLOYER			MONTHLY INCOME \$
EMPLOYER ADDRESS	BUSINESS PHONE	OTHER INCOME: From Whom or Describe (Income from alimony, child support, or separate maintenance need not be revealed unless applicant will rely on such income in repayment of loan.)	
POSITION OR TITLE	YEARS EMPLOYED	1) _____	
PREVIOUS EMPLOYER AND ADDRESS		2) _____	
If you have chosen to disclose income from alimony, child support or separate maintenance, is such income pursuant to: <input type="checkbox"/> Written Agreement <input type="checkbox"/> Court Decree <input type="checkbox"/> Other			
How Long Received?	How Often?	From Whom?	

ASSETS		
AUTO (Make, Model, Year)		VALUE
AUTO (Make, Model, Year)		VALUE
REAL ESTATE (Location)	DATE OCCUPIED	VALUE
OTHER ASSET (Describe)		ESTIMATED VALUE
OTHER ASSET (Describe)		ESTIMATED VALUE
AUTO INSURANCE AGENTS (Name & Address)		TOTAL ASSETS \$

LIABILITIES AND INDEBTEDNESS				
List all indebtedness to banks, credit unions, stores, finance companies, individuals and other creditors, including obligations to pay alimony, child support, separate maintenance, rent, mortgages, etc.				
CREDITOR	ACCOUNT NUMBER	PRESENT AMT OWED	COLLATERAL	MONTHLY PMT.
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage	(omit rent)		
Have you ever been bankrupt or had any judgements or garnishments against you?			TOTAL MONTHLY PAYMENTS \$	
<input type="checkbox"/> NO <input type="checkbox"/> YES—WHEN?				

Everything 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.

SIGNATURE OF APPLICANT _____ DATE _____

Is there a co-applicant or joint applicant for this loan? NO YES— If yes, use page 2 for co-applicant or joint applicant information.

PERSONAL LOAN APPLICATION

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CO-APPLICANT OR JOINT APPLICANT		
NAME	RELATIONSHIP TO APPLICANT	HOME PHONE
SOC. SEC. #	BIRTHDATE	BUSINESS PHONE
PRESENT STREET ADDRESS		How long at this address?
CITY AND STATE	ZIP	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME, ADDRESS, PHONE AND RELATIONSHIP OF TWO NEAREST RELATIVES NOT LIVING WITH YOU OTHER THAN A PRESENT OR FORMER SPOUSE

1) _____

2) _____

INCOME AND EMPLOYMENT			
PRESENT EMPLOYER			MONTHLY INCOME \$
EMPLOYER ADDRESS	BUSINESS PHONE	OTHER INCOME: From Whom or Describe (Income from alimony, child support, or separate maintenance need not be revealed unless applicant will rely on such income in repayment of loan.)	
POSITION OR TITLE	YEARS EMPLOYED		
PREVIOUS EMPLOYER AND ADDRESS		1)	
		2)	
If you have chosen to disclose income from alimony, child support or separate maintenance, is such income pursuant to: <input type="checkbox"/> Written Agreement <input type="checkbox"/> Court Decree <input type="checkbox"/> Other			
How Long Received?	How Often?	From Whom?	

LIABILITIES AND INDEBTEDNESS				
List all indebtedness to banks, credit unions, stores, finance companies, individuals and other creditors, including obligations to pay alimony, child support, separate maintenance, rent, mortgages, etc.				
CREDITOR	ACCOUNT NUMBER	PRESENT AMT OWED	COLLATERAL	MONTHLY PMT.
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage	(omit rent)		
Have you ever been bankrupt or had any judgements or garnishments against you? <input type="checkbox"/> NO <input type="checkbox"/> YES—WHEN?			TOTAL MONTHLY \$	PAYMENTS

Everything 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.

SIGNATURE OF JOINT OR CO-APPLICANT _____ DATE _____

INSURANCE DISCLOSURE – CONSUMER CREDIT APPLICATION

DATE _____

CONSUMER(S) NAME	FINANCIAL INSTITUTION NAME AND ADDRESS
	Exchange National Bank P.O. Box 6309 Moore, OK 73153

In this disclosure, the terms “you” and “your” refer to the Consumer(s) named above. The terms “we,” “us” and “our” refer to Exchange National Bank.

**PURCHASE OF INSURANCE FROM US IS NOT REQUIRED
PURCHASE OF INSURANCE FROM OTHERS IS NOT PROHIBITED**

In no way will our decision to extend credit to you be based or conditioned upon whether or not you purchase an insurance product from us; nor will we prohibit you or ask you not to obtain an insurance product from an unaffiliated entity.

Consumer Acknowledgment

By signing below you acknowledge receiving a copy of this written disclosure and (except for transactions conducted by mail) that the disclosures were also orally given to you by Exchange National Bank.

Dated: _____.

(If you have received this disclosure in the mail, please return a signed copy to Exchange National Bank.)

Financial Institution Certification

(Check if applicable.) The Consumer’s application for credit was taken by telephone. The undersigned on behalf of the Financial Institution certifies giving these disclosures orally to the Consumer(s) at the time of application and that an oral acknowledgment of receipt of the disclosures was obtained from the Consumer(s). These disclosures were mailed to the Consumer(s) at the address noted above within 3 business days beginning the first business day after the application was taken, as permitted by federal regulation.

Dated: _____ By: _____