

FIRST STATE BANK OF PORTER

CONSUMER CREDIT APPLICATION

TYPE OF CREDIT REQUESTED

FOR CREDITOR USE

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.

- INDIVIDUAL CREDIT - relying solely on my income or assets
- INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources
- JOINT CREDIT - we intend to apply for joint credit. _____ / _____ (initials)

DATE _____

METHOD RECEIVED _____

OFFICER _____

AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR: <input type="checkbox"/> UNSECURED
------------------	--------------	----------------------	---	--

SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)			D/O/B	SSN
TELEPHONE #	CELL PHONE #	E-MAIL ADDRESS	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)			Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) <i>Complete if less than 3 years at present address.</i>			Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
EMPLOYER (Company Name & Address)				HOW LONG
BUSINESS PHONE	Ext.	FAX #	POSITION OR TITLE	SALARY PER MONTH GROSS: \$
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG

Alimony, child support, 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, separate maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
-------------------------	---------------------

Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
--	--

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	PHONE # (Include Area Code)
--	--------------	-----------------------------

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state

NAME (Last, First, Middle)			D/O/B	SSN
TELEPHONE #	CELL PHONE #	E-MAIL ADDRESS	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)			Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) <i>Complete if less than 3 years at present address.</i>			Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
EMPLOYER (Company Name & Address)				HOW LONG
BUSINESS PHONE	Ext.	FAX #	POSITION OR TITLE	SALARY PER MONTH GROSS: \$
PREVIOUS EMPLOYER (Company Name & Address)				HOW LONG

Alimony, child support, 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, separate maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME	AMOUNT PER MONTH \$
-------------------------	---------------------

Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?
--	--

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	PHONE # (Include Area Code)
--	--------------	-----------------------------

continued (over)

