

# ARVEST BANK

Member FDIC

CREDIT APPLICATION									
Application Taken By: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Face To Face					Purpose of Loan:		Referral Opportunities		
TYPE OF CREDIT REQUESTED					Amount Requested:		1 <sup>st</sup> Payment Date Desired:		
IMPORTANT: Check (✓) the appropriate boxes below and complete the application sections. <input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets <input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income from other sources <input type="checkbox"/> JOINT CREDIT					\$				
					Indicate if for Home Improvements		<input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION A - INDIVIDUAL APPLICANT INFORMATION									
NAME (Last, First, Middle)					E-MAIL ADDRESS				
BIRTHDATE	TELEPHONE NO. ( )	CELL PHONE NO. ( )	SOCIAL SECURITY NO.	NO. DEPENDENTS		AGES			
STREET ADDRESS			CITY	STATE	ZIP CODE	COUNTY	HOW LONG YR MO		
PREVIOUS ADDRESS (Street, City, State & Zip) (if less than 3 years at present address)					COUNTY		HOW LONG YR MO		
EMPLOYER (Company Name & Address)							HOW LONG YR MO		
BUSINESS PHONE Ext. ( )		POSITION OR TITLE		GROSS: \$		SALARY PER MONTH NET: \$			
PREVIOUS EMPLOYER (Company Name & Address)							HOW LONG YR MO		
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.				SOURCE OF OTHER INCOME		AMOUNT PER MONTH \$			
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP	PHONE NO. (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)					ADDRESS				
BIRTHDATE	TELEPHONE NO. ( )	CELL PHONE NO. ( )	SOCIAL SECURITY NO.	RELATIONSHIP TO APPLICANT					
EMPLOYER (Company Name & Address)							HOW LONG YR MO		
BUSINESS PHONE Ext. ( )		POSITION OR TITLE		GROSS: \$		SALARY PER MONTH NET: \$			
PREVIOUS EMPLOYER (Company Name & Address)							HOW LONG YR MO		
SECTION C - ASSET & DEBT INFORMATION									
DESCRIPTION OF ASSETS			FINANCIAL INSTITUTION			VALUE			
CHECKING ACCOUNT(S)/SAVINGS ACCOUNT(S)						\$			
CERTIFICATE OF DEPOSIT(S)						\$			
OTHER/LIFE INSURANCE						\$			
STOCKS, BONDS, MUTUAL FUNDS						\$			
RENT OWN <input type="checkbox"/>	MORT/RENT \$	VALUE \$	LANDLORD OR MORTGAGE HOLDER		BALANCE \$	PAYMENT \$	INT. RATE %		
DESCRIPTION OF DEBTS			ACCOUNT NUMBER			BALANCE	PAYMENT	INT. RATE	
AUTOMOBILES/OTHER DEBT						\$	\$	%	
						\$	\$	%	
						\$	\$	%	
						\$	\$	%	
SECTION D - Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable)									
Are you obligated to make Alimony, Support or Maintenance Payments? <input type="checkbox"/> No <input type="checkbox"/> Yes					Amount Per Month \$				
Are you a co-maker, endorser, or guarantor on any loan or contract? <input type="checkbox"/> No <input type="checkbox"/> Yes					Have You Previously Received Credit From Us? <input type="checkbox"/> No <input type="checkbox"/> Yes When				
Are there any unsatisfied judgments against you? <input type="checkbox"/> No <input type="checkbox"/> Yes					Have you been declared bankrupt in the last 10 years? <input type="checkbox"/> No <input type="checkbox"/> Yes When				
Is any of this income listed in this Section likely to be reduced before the request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes									
SECTION E - SECURED CREDIT - Complete only if credit is to be secured. Briefly describe the property to be given as security									
PROPERTY DESCRIPTION									
NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY									
IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any)									
SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes. I further acknowledge that I have received an Arvest Privacy Notice, USA Patriot Act Notice, and Federal Insurance Application disclosures.									
Applicant Signature					Date		Other Signature (Where Applicable)		Date