

Home Equity Line of Credit Loan Application

First Bank & Trust Credit Application

IMPORTANT : READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

- Check here if you are applying for individual credit 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.
- Check here if you are applying for joint credit with another person and provide information about the joint applicant.

We intend to apply for joint credit. _____ Applicant _____ Co-Applicant

- Check here if you are applying for individual credit, 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, complete all Sections to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

Amount Requested	For How Long	Collateral	Loan Purpose
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Individual Applicant Information

Name (Last Suffix, First, Middle)		Social Security No.		Birthdate		Telephone No.		Email Address					
Driver's License No.		Date of Issue		Country		State		Expiration Date		Cell Phone No.		No. Dependents	
Address (Street, City, State, & Zip)								Residence Type		How Long			
Previous Address (Street, City, State, & Zip)										How Long			
Employer (Company Name & Address)										How Long			
Business Phone				Occupation Type				Salary Per Month					
Previous Employer (Company Name & Address)										How Long			
Sources of Other Income Alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.										Amount Per Month			
Do you have existing account(s) with us?				Type of existing account(s)				Preferred Method of Contact					

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)		Social Security No.		Birthdate		Telephone No.		Email Address					
Driver's License No.		Date of Issue		Country		State		Expiration Date		Cell Phone		No. Dependents	
Address (Street, City, State, & Zip)								Residence Type		How Long			
Previous Address (Street, City, State, & Zip)										How Long			
Employer (Company Name & Address)										How Long			
Business Phone				Occupation Type				Salary Per Month					
Previous Employer (Company Name & Address)										How Long			
Sources of Other Income Alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.										Amount Per Month			
Do you have existing account(s) with us?				Type of existing account(s)				Preferred Method of Contact					

Marital Status

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

Instructions to Married/RDP Applicant: Answer all questions relating to you. Also answer all questions relating to your spouse/RDP unless you are separated and your spouse/RDP is not also applying for credit. Unless you indicate otherwise, the Bank will assume:

(1) All property listed is community property. (2) All debts listed for you or your spouse/RDP are community obligations

Applicant Married Unmarried Separated Registered Domestic Partner
Other Party Married Unmarried Separated Registered Domestic Partner

Outstanding Debts

Creditor Name	Credit Type	Monthly Pmt.	Balance
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Total

Applicants Assets

Description Of Assets	Financial Institution	Name Carried on Account	Subject to Debt?	Value
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Total Assets

Credit Disclosures (Where Applicable)

In connection with any insurance product or annuity solicited, offered or sold by on behalf of the bank or any of its affiliates, any related application for credit by you may not be conditioned on either:

- a. Your purchase of an insurance product or annuity from or on behalf of the Bank or any of its affiliates; or
- b. Your agreement not to obtain, or a prohibition on your obtaining, an insurance product or annuity from an unaffiliated entity.

You are free to purchase insurance products and annuities from another source.

Insurance products are not a deposit of, nor guaranteed by the Bank, and are not insured by the FDIC or any Federal Government Agency.

Signature

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: () No () Yes

If yes, to (name and address) _____ Amount per month \$ _____

Are you a co-maker, endorser or guarantor on any loan or contract () No () Yes

If Yes, for whom? _____ To whom? _____

Have you been declared bankrupt in the last 10 years? () No () Yes If yes, where? _____ Year _____

Are there any unsatisfied judgments against you? () No () Yes If yes, to whom owed? _____ Amount \$ _____

IMPORTANT APPLICANT INFORMATION: 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 who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Notice of Negative Information: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

SIGNATURES - I certify that everything I have stated in this application and on any attachments is correct. **I further certify that I have read and understand the disclosures described above in the section entitled "Credit Disclosures."** 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.

Credit Application Interviewer

To Be Completed By Interviewer

This application was taken by : () Face to Face () Fax () Telephone () Mail () Internet

_____ Oral Credit Disclosure was given to consumer(s) *not required for transactions conducted electronically or by mail

Interviewer' Signature

Date

Applicant's Signature

Date

Other Signature

Date