

Hammond, LA  
 Phone: 225-567-4424  
 Fax: 225-567-4450



Defuniak Springs, FL  
 Phone: 850-951-1000  
 Fax: 850-951-0199

### CREDIT APPLICATION

<b>APPLICANT</b>	NAME - LAST, FIRST, MIDDLE		DATE OF BIRTH		DRIVERS LICENSE NO.		
	SOCIAL SECURITY NO.		MARRITAL STATUS		HOME PHONE NO.		
			MARRIED      UNMARRIED      SEPERATED				
	MAIL ADDRESS - STREET OR BOX		CITY, STATE, ZIP		HOW LONG		
	RESIDENCE ADDRESS (If different from above)		CITY, STATE, ZIP		PARISH		
	PREVIOUS ADDRESS (Within 3 Years)		CITY, STATE, ZIP		HOW LONG		
	NAME OF NEAREST RELATIVE		KINSHIP		HOME PHONE NO.		
	NAME OF NEAREST RELATIVE		KINSHIP		HOME PHONE NO.		
<b>EMPLOYMENT</b>	EMPLOYER'S NAME		POSITION AND DEPARTMENT		BUSINESS PHONE NO.		
	ADDRESS		INCOME		HOW LONG		
			\$      MONTH      WEEK      BI MONTHLY				
	PREVIOUS EMPLOYER AND ADDRESS (Within 3 Years)		BUSINESS PHONE NO.		HOW LONG		
	SOURCE OF OTHER INCOME		AMOUNT		HOW LONG		
			\$      MONTH      WEEK      YEAR				
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have all considered as a basis for repaying the obligation. Alimony, child support, separate maintenance received under:      Court Order      Written Agreement      Oral Understanding							
<b>CREDIT</b>	NAME OF BANK		BANK PHONE NO.				
					Checking    Savings    IRA    Loan    Credit Card		
	NAME OF BANK		BANK PHONE NO.				
					Checking    Savings    IRA    Loan    Credit Card		
	MORTGAGE HOLDER OR LANDLORD		COST	MO. PAY	BALANCE		
		\$	\$	\$			
Buying		Renting		House		Mobile Home	
<b>CO-APPLICANT</b>	If you are applying for joint credit with another person or 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 reoliested, fill in this section about the other person.						
	NAME - LAST, FIRST, MIDDLE		DATE OF BIRTH		DRIVERS LICENSE NO.		
	RELATIONSHIP TO APPLICANT		HOME PHONE NO.		SOCIAL SECURITY NO.		
	ADDRESS - STREET OR BOX		CITY, STATE, ZIP		HOW LONG		
	EMPLOYER'S NAME		BUSINESS PHONE		INCOME		HOW LONG
					\$		
	CO-APPLICANT'S NEAREST RELATIVE NAME		HOME PHONE NO.		RELATIONSHIP		

Have you ever had a car or other merchandise repossessed? \_\_\_\_\_  
 If Yes, When?    Month \_\_\_\_\_    Year \_\_\_\_\_

Have you ever filled Bankruptcy? \_\_\_\_\_  
 If Yes, When?    Month \_\_\_\_\_    Year \_\_\_\_\_

I agree to notify the Bank of any material change in the above statement. I authorize the Bank to obtain such information as the Bank may require concerning the statement made in the application and agree that the application shall remain the Bank property whether or not the loan is granted. I the above name applicant heraby declare the foregoing statement is true in every respect. I understand that an investigation may be made whereby that inforation may be obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry may include information as to my character, general reputation, personal characteristics and made of living. I further understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. Any wilful misrepresentation on this statement could result in a fine and/or imprisonment under the provision of the U.S. Criminal Code.

DATE

SIGNATURE OF APPLICANT

SIGNATURE OF CO-APPLICANT

|