## CALDWELL BANK & TRUST CO. COLUMBIA, LA 71418

				CREDIT A							Close	ed End, Sec	ured/Unsecured Credit	
IMPORTANT: Please read these		re completin	ng th				ΤY	PE OF C	REDIT	REQUE	ST			
DATECLASS NO				TYPE OF CREDIT REQUEST  IMPORTANT: Check  the appropriate boxes below and complete the ap  Secured  Individual Credit - relying solely on my income or assets							sections:			
ACCOUNT NO				<u> </u>						s income on :	assets from other sources			
APPROVED ByByByByBy		JOINT CREDIT - We intend to apply for						or joint	r joint credit. (Initial) (Initial)					
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AUTOMOBILES (Make, Model, Year)	<del></del>		\$	<u> </u>		*		
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3							· · · · · · · · · · · · · · · · · · ·	
CERTIFICATE OF DEPOSIT(S)								
CASH VALUE OF LIFE INSURANCE (IS	suer. Face	Value)						
REAL ESTATE (Location, Date Acquire								
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MARKETABLE SECURITIES (Issuer, T	ype, No. or	Snares						
OTHER (List)								
TOTAL ASSETS			\$					
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MY AUTO INSURANCE AGENT IS: (Nan	ne & Addres	is)						<u> </u>
Are you a co-maker, endorser, or guarantor on any loan or contract?	□ No	Yes - For Whom	?	To Whom?				
Are there any unsatisfied judgements		_						
against you? Have you been declared bankrupt	□ No	Yes - Amount \$		If "Yes," To Whom Owed?				
in the last 14 years? OTHER OBLIGATIONS (For example, lia	∐ No	Yes - Where?	enarate maintenance I Ise	Year?				
				,,,				
SECTION E - SEC	CURED C	REDIT (Complete	only if credit is to b	e secured.) Briefly des	cribe the prope	erty to be give	n as security	•
NAMES & ADDRESSES OF ALL CO-OV	VNERS OF	THE PROPERTY				· · · · · · · · · · · · · · · · · · ·		
IF THE SECURITY IS REAL ESTATE, GI	VE THE FU	LL NAME OF YOUR SPO	DUSE (if any):					
ПИС	SHEA	NCE DISC	I OSUBE -	Consumer's C	hoice of	Drovide		
11/1		NGE DISG	ECCUME - A	bonsumer s c	illoice of	FIUVIUS	<b>:</b> L	
The financial institution	may no	t engage in any	practice that wo	uld lead a consume	er to believe	that an exte	ension of c	redit is
conditional upon either:								
(1) The purchase of		•	•		-		-	
(2) An agreement by				•	•		ed entity; or	-
(3) A prohibition from	-	-	•	-		•		
You are free to obt	aın ar	ı ınsurance	product or an	inuity from ano	tner sour	ce.		
			SIGNA	TURES				
Everything that I have stated in this Appli			owledge. I understand that	you will retain this Application w				
employment history and to answer quest update credit information at your request							torm. I understar	nd that I must
APPLICANT'S SIGNATURE			DATE	OTHER SIGNATURE (Where	Applicable)		DATE	
				•	·· ·			
© 2002 NATIONAL BANK PRODUCTS,	INC 1-800	L277-9195 CAJD (807)	) (R 01/04)	_X				
- LOSE , WITOTAL BANK PRODUCTS,	1-000	211-0180 OA-ID (007)	, ((0.104)					
	الالباباب	E DICCLO						

SECTION D - ASSET AND DEBT INFORMATION f Section B has been completed, this Section should be completed, giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant related information with an "A." If

## Consumer's Choice of Provider (Customer Copy)

The financial institution may not engage in any practice that would lead a consumer to believe that an extension of credit is conditional upon either:

- (1) The purchase of an insurance product or annuity from the financial institution or any of its affiliates; or
- (2) An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or
- (3) A prohibition from purchasing an insurance product or annuity from an unaffiliated entity.

You are free to obtain an insurance product or annuity from another source.