

CALDWELL BANK & TRUST CO. COLUMBIA, LA 71418

CREDIT APPLICATION				Closed End, Secured/Unsecured Credit
IMPORTANT: Please read these directions before completing this Application and check <input checked="" type="checkbox"/> the appropriate box below.				
FOR CREDITOR USE		TYPE OF CREDIT REQUEST		
DATE _____ CLASS NO. _____	IMPORTANT: Check <input checked="" type="checkbox"/> the appropriate boxes below and complete the applicable 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 on assets from other sources <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (Initial) _____ (Initial) _____ Applicant Co-Applicant			
ACCOUNT NO _____	APPROVED <input type="checkbox"/> By _____	DECLINED <input type="checkbox"/> By _____	AMOUNT REQUESTED \$ _____	PAYMENT DATE DESIRED _____
PROCEEDS OF CREDIT TO BE USED FOR _____			HOW LONG? _____	
SECTION A - INFORMATION REGARDING APPLICANT				
FULL NAME (Last, First, Middle) _____		BIRTHDATE _____	D.L. # _____	SOCIAL SECURITY NO. _____
PRESENT ADDRESS (Street, City, State & Zip) _____		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	RESIDENTIAL PHONE _____	HOW LONG AT PRESENT ADDRESS? _____
PREVIOUS ADDRESS (Street, City, State & Zip) _____		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	CELL PHONE _____	HOW LONG AT PREVIOUS ADDRESS? _____
PRESENT EMPLOYER (Company Name & Address) _____				
HOW LONG WITH PRESENT EMPLOYER? _____	YOUR POSITION OR TITLE _____		NAME OF SUPERVISOR _____	
PREVIOUS EMPLOYER (Company Name & Address) _____				BUSINESS PHONE EXT _____
PREVIOUS EMPLOYER (Company Name & Address) _____				HOW LONG WITH PREVIOUS EMPLOYER? _____
YOUR PRESENT GROSS SALARY OR COMMISSION \$ _____ PER _____	YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER _____	NO. DEPENDENTS _____	AGES OF DEPENDENTS _____	
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.				
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
OTHER INCOME \$ _____ PER _____	SOURCE(S) OF OTHER INCOME _____			
Is any income listed in this section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail, use separate sheet if needed.)				
Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes		Branch Office: _____		
When? _____		Checking Account Number _____ Where? _____ Balance _____		
		Savings Account Number _____ Where? _____ Balance _____		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____		RELATIONSHIP _____		TELEPHONE NO. (include Area Code) _____
SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY				
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.				
FULL NAME (Last, First, Middle) _____		BIRTHDATE _____	D.L. # _____	SOCIAL SECURITY NO. _____
RELATIONSHIP TO APPLICANT (if Any) _____		PRESENT ADDRESS (Street, City, State & Zip) _____		RENT <input type="checkbox"/> OWN <input type="checkbox"/>
PRESENT EMPLOYER (Company Name & Address) _____		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	RESIDENTIAL PHONE _____	HOW LONG AT PRESENT ADDRESS? _____
PRESENT EMPLOYER (Company Name & Address) _____		RENT <input type="checkbox"/> OWN <input type="checkbox"/>	CELL PHONE _____	HOW LONG AT PREVIOUS ADDRESS? _____
HOW LONG WITH PRESENT EMPLOYER? _____	YOUR POSITION OR TITLE _____		NAME OF SUPERVISOR _____	
PREVIOUS EMPLOYER (Company Name & Address) _____				BUSINESS PHONE EXT _____
PREVIOUS EMPLOYER (Company Name & Address) _____				HOW LONG WITH PREVIOUS EMPLOYER? _____
YOUR PRESENT GROSS SALARY OR COMMISSION \$ _____ PER _____	YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER _____	NO. DEPENDENTS _____	AGES OF DEPENDENTS _____	
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.				
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
OTHER INCOME \$ _____ PER _____	SOURCE(S) OF OTHER INCOME _____			
Is any income listed in this section likely to be reduced before the credit requested is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain in detail, use separate sheet if needed.)				
Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes		Branch Office: _____		
When? _____		Checking Account Number _____ Where? _____ Balance _____		
		Savings Account Number _____ Where? _____ Balance _____		
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU _____		RELATIONSHIP _____		TELEPHONE NO. (include Area Code) _____
SECTION C - 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.				
APPLICANT <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed)				
OTHER PARTY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (including single, divorced, and widowed)				

SECTION D - ASSET AND DEBT INFORMATION

If 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 Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes/No	NAME(S) OF OWNER(S)
CASH	\$		
AUTOMOBILES (Make, Model, Year)			
1. _____			
2. _____			
CERTIFICATE OF DEPOSIT(S)			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
TOTAL ASSETS	\$		

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

CREDITOR	TYPE OF DEBT OR ACCT NBR	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? Yes/No
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(Omit Rent) \$	(Omit Rent) \$		
TOTAL DEBTS						

CREDIT REFERENCES (Paid Off Accounts)

CREDITOR	DATE PAID OFF

MY AUTO INSURANCE AGENT IS: (Name & Address)

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? No Yes - Amount \$ If "Yes," To Whom Owed?

Have you been declared bankrupt in the last 14 years? No Yes - Where? Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet, if necessary.)

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):

INSURANCE DISCLOSURE - Consumer's Choice of Provider

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.

SIGNATURES

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. It is illegal to receive credit by wrongfully stating income, assets, or other information on this form. I understand that I must update credit information at your request if my financial condition changes. By signing below I acknowledge receipt of the insurance anti-coercion disclosure.

APPLICANT'S SIGNATURE _____ DATE _____ OTHER SIGNATURE (Where Applicable) _____ DATE _____

X _____ **X** _____

INSURANCE DISCLOSURE - 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.