CALDWELL BANK & TRUST CO. COLUMBIA, LA 71418

¹¹ r ⁱ da' r			CREDIT A	PPLICATION			CI	losed End, S	ecured/Unsecured Credit
IMPORTANT: Please read these FOR CREDIT	e directions befo	ore completing	this Application						
DATE CLASS NO.		TYPE OF CREDIT REQUEST					le sections:		
	<u> </u>	i r	Secured	Individual Credit		vincomo	or accets as w		on assets from other sources
APPROVED By					- We intend	to apply f	for joint credi	t. (Initial)	(Initial)
	PAYMENT DATE	DESIRED	PROCEEDS OF	CREDIT TO BE USED F		·		1	plicant Co-Applicant LONG?
\$									
		SECTION A	A - INFORMATI	ON REGARDING	APPLICAN				
FULL NAME (Last, First, Middle)				BIRTHDATE	D.L. #			SOCIAL SEC	URITY NO.
PRESENT ADDRESS (Street, City, State & Zi				RESIDENTIA				SENT ADDRESS?	
PREVIOUS ADDRESS (Street, City, State & 2				CELL PHON	E	HOW		VIOUS ADDRESS?	
PRESENT EMPLOYER (Company Name & A									
EMPLOYER?	POSITION OR TITLE				SUPERVISOR				SS PHONE EXT
PREVIOUS EMPLOYER (Company Name & /						EMPLOY	HOW LONG WITH PREVIOUS EMPLOYER?		
YOUR PRESENT GROSS SALARY OR COM \$PER	MISSION	YOUR PRESEN	T NET SALARY OR PER	COMMISSION	NO. DEPENI	DENTS	AGES OF	DEPENDENT	S
Alimony, child support, or separate mainten Alimony, child support, separate maintenance		not be revealed i		o have it considered as ritten Agreement		epaying th Inderstan			
OTHER INCOME \$ PER		SOURCE(S) OF	OTHER INCOME				a a a a a a a a a a		
Is any income listed in this section likely to be reduced before the credit requested is paid of		Yes (Expl	ain in detail, use separa	te sheet if needed.)					
Have you ever received credit from us?	Branch Office:	Chec	king Account Numb	er		_ Where	?		Balance
	When?	1	ngs Account Numbe	r		_ Where	?	TCI CO	Balance
NAME AND ADDRESS OF NEAREST RELATION					RELATIO	inship			PHONE NO. (include Area Code)
VERIFICATION OF IDENTIFICATI	ON - Borrower	r: *Form of Ide							
*Identification issued by/at: *Identification Official Number:				*Expiration Date of					
			ride	ntification verified the	hrough:				
Name and address of someone who				ntification verified th	hrough:				
Name and address of someone who	Documentation A	Attached	n:						
	Documentation A	Attached B - INFORMAT	n:	ING JOINT APPLI	CANTOR	OTHER	PARTY		
GFAC/Gov. Lists Additional	Documentation A	Attached B - INFORMAT	n:	ING JOINT APPLI	CANTOR	OTHER	PARTY		nity property state.
Complete only if: for joint credi	Documentation A	Attached B - INFORMAT redit relying on in	n: TION REGARD ncome or assets	ING JOINT APPLI	CANT OR (or applicant is D.L. #	OTHER	PARTY	in a commu SOCIAL SEC	nity property state.
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If Section B has been completed, this Section shoul Section B was not completed, only give information	d be completed, giving info	rmation about both the App	ID DEBT INFORMATIO		mark Applicant re	lated information w	ith an "A." If				
	ASSE	TS OWNED (Use se	parate sheet if necessar SUBJECT TO DEBT?								
DESCRIPTION OF ASSE	TS I	VALUE	Yes/No		NAME(S) OF	OWNER(S)					
AUTOMOBILES (Make, Model, Year)		<u>.</u>									
1	<u> </u>										
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 CREDITOR	TYPE OF DEBT	NAME IN WH	ICH ACCOUNT IS	ORIGINAL	Use separate PRESENT	MONTHLY	PAST DUE?				
LANDLORD OR MORTGAGE HOLDER		C/	RRIED	DEBT (Omit Rent)	BALANCE (Omit Rent)	PAYMENTS	Yes/No				
	Rent Payment Mortgage			\$	\$						
TOTAL DEBTS											
	CREDIT REFER	ENCES (Paid Off Ac	counts)	1		DATE P	AID OFF				
MY AUTO INSURANCE AGENT IS: (Name & Addres	ss)										
guarantor on any loan or contract? INo Are there any unsatisfied judgements against you? No	Yes - For Whom?		To Whom? If "Yes," To Whom Owed?								
Have you been declared bankrupt in the last 14 years?	Yes - Where?		Year?								
OTHER OBLIGATIONS (For example, liability to pay	alimony, child support, sep	arate maintenance. Use s	eparate sheet, if necessary.)								
	CREDIT (Complete o	nly if credit is to be	secured.) Briefly des	cribe the prope	erty to be give	n as security					
NAMES & ADDRESSES OF ALL CO-OWNERS OF	THE PROPERTY										
IF THE SECURITY IS REAL ESTATE, GIVE THE FU	ILL NAME OF YOUR SPOU	ISE (if any):									
				an a	en - e e e e e e e e e e e e e e e e e e						
INSURA	NCE DISCL	OSURE - C	Consumer's C	hoice of	Provide	er					
The financial institution may no	ot engage in any	practice that wo	uld lead a consume	er to believe	that an ext	ension of ci	edit 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 color(3) A prohibition from purch	•		•	-		ed entity; or	•				
You are free to obtain ar	-	•	•		-						
Everything that I have stated in this Application is co	trect to the best of multiple	SIGNA		bether or not it is so	proved You are a	Ithorized to check	my credit and				
employment history and to answer questions about update credit information at your request if my finan	your credit experience with	me. It is illegal to receive o	redit by wrongfully stating inco	me, assets, or other	information on this						
APPLICANT'S SIGNATURE		DATE	OTHER SIGNATURE (Where	Applicable)		DATE					
© 2002 NATIONAL BANK PRODUCTS, INC., 1-800	0-277-9195 CA-ID (807)	(R 01 <i>1</i> 04)	X								
			sumer's Choice of	f Provider (Customer	Convi					
The financial institution may no						<u>n an an</u>	edit is				
conditional upon either:											
 The purchase of an insurance product or annuity from the financial institution or any of its affiliates; or An agreement by the consumer not to purchase an insurance product or annuity from an unaffiliated entity; or 											
(3) A prohibition from purcl You are free to obtain a	-	-	-		-						
TOU ALE ILEE TO ODTAIN A	i insurance p		nuity from and	uler sour							