

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. _____ ACCOUNT NO. _____ APPROVED <input type="checkbox"/> By _____ DECLINED <input type="checkbox"/> By _____			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		
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		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)
VERIFICATION OF IDENTIFICATION - Borrower: *Form of Identification provided: _____ Date of Issue: _____ *Identification issued by/at: _____ *Expiration Date of ID: _____ *Identification Official Number: _____ *Identification verified through: _____ Name and address of someone who will always know your location: _____ <input type="checkbox"/> OFAC/Gov. Lists <input type="checkbox"/> Additional Documentation Attached					
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"/>	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		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)
VERIFICATION OF IDENTIFICATION - Co-Borrower: *Form of Identification provided: _____ Date of Issue: _____ *Identification issued by/at: _____ *Expiration Date of ID: _____ *Identification Official Number: _____ *Identification verified through: _____ Name and address of someone who will always know your location: _____ <input type="checkbox"/> OFAC/Gov. Lists <input type="checkbox"/> Additional Documentation Attached					
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)						
					DATE PAID OFF	
MY AUTO INSURANCE AGENT IS: (Name & Address)						
Are you a co-maker, endorser, or guarantor on any loan or contract? <input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom? _____ To Whom? _____						
Are there any unsatisfied judgements against you? <input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$ _____ If "Yes," To Whom Owed? _____						
Have you been declared bankrupt in the last 14 years? <input type="checkbox"/> No <input type="checkbox"/> 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

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INSURANCE DISCLOSURE - Consumer's Choice of Provider (Customer Copy)

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(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.