

CREDIT APPLICATION

Closed End, Secured/Unsecured Credit

IMPORTANT: Please read these directions before completing this Application and check [X] the appropriate box below.

FOR CREDITOR USE

TYPE OF CREDIT REQUEST

DATE CLASS NO. ACCOUNT NO. APPROVED DECLINED

IMPORTANT: Check [X] the appropriate boxes below and complete the applicable sections: Secured Unsecured Individual Credit

AMOUNT REQUESTED PAYMENT DATE DESIRED PROCEEDS OF CREDIT TO BE USED FOR HOW LONG?

SECTION A - INFORMATION REGARDING APPLICANT

Form section A containing fields for Full Name, Birthdate, D.L. #, Social Security No., Present Address, Previous Address, Present Employer, Salary, and other personal information.

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.

Form section B containing fields for Full Name, Birthdate, D.L. #, Social Security No., Relationship to Applicant, Present Address, Previous Address, Salary, and other information for a joint applicant.

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 OTHER PARTY Married Separated 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) (Where) | | | |
| 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)

| | | | |
|--|--|--|--|
| | | | |
| | | | |

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):

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.

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

X _____ X _____

FIRST NATIONAL BANK OF HICO

CASH FLOW STATEMENT

INCOME / EXPENSE

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING SOURCES AND USES OF CASH DURING THE CALENDAR YEAR.

SOURCES OF CASH

MONTHLY or ANNUAL

| | |
|----------------------------------|-----------------|
| SALARIES (NET) | \$ _____ |
| BONUS, COMMISSIONS, ETC | \$ _____ |
| DIVIDENDS | \$ _____ |
| INTEREST INCOME | \$ _____ |
| SALE OF ASSETS | \$ _____ |
| CASH DISTRIBUTIONS FROM BUSINESS | \$ _____ |
| OTHER: | \$ _____ |
| TOTAL CASH RECEIVED | \$ _____ |

USES OF CASH

| | |
|-------------------------------|-----------------|
| MORTGAGE PAYMENTS | \$ _____ |
| OTHER MORTGAGE /RENT PAYMENTS | \$ _____ |
| BANK / AUTO LOAN PAYMENTS | \$ _____ |
| CREDIT CARD PAYMENTS | \$ _____ |
| OTHER LOAN PAYMENTS | \$ _____ |
| INSURANCE PAYMENTS | \$ _____ |
| EDUCATION / STUDENT LOANS | \$ _____ |
| PROPERTY TAXES | \$ _____ |
| PERSONAL / LIVING EXPENSES | \$ _____ |
| UTILITIES EXPENSES | \$ _____ |
| OTHER: | \$ _____ |
| TOTAL CASH EXPENSE | \$ _____ |

CASH FLOW SURPLUS / DEFICIT \$ _____

IF A CASH FLOW DEFICIT EXISTS, PLEASE EXPLAIN HOW THE EXISTING OR REQUESTED DEBT WILL BE SERVICED:

THIS CASH FLOW STATEMENT IS A PART OF MY FINANCIAL STATEMENT / APPLICATION FOR A LOAN.

SIGNATURE

SIGNATURE

Date: ___/___/___