

Madison County Community Bank

CREDIT APPLICATION

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

FOR CREDITOR USE

TYPE OF CREDIT REQUEST

DATE _____ CLASS NO. _____
 ACCOUNT NO. _____
 APPROVED By _____
 DECLINED By _____

IMPORTANT: Check the appropriate boxes below and complete the applicable sections:
 Secured Individual Credit - relying solely on my income or assets
 Unsecured Individual Credit - relying on my income or assets as well as income on assets from other sources
 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?
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SECTION A - INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle)			BIRTHDATE	RESIDENTIAL PHONE	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State & Zip)			DRIVER'S LICENSE NO.	Cell Phone Number	HOW LONG AT PRESENT ADDRESS?
PREVIOUS ADDRESS (State, City, State & Zip)					HOW LONG AT PREVIOUS
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		

Allimony, 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.

Allimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ PER	SOURCE(S) OF OTHER INCOME
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Is any income listed in this Section likely to be reduced before the credit request is paid off? No Yes (Explain in detail, use separate sheet if necessary)

Have you ever received credit from us? No Yes - When? Office: _____
 Checking Account No. _____ Where? _____
 Savings Account No. _____ Where? _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Including 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: _____
 OFAC/Gov. Lists Additional Documentation Attached _____

SECTION B - INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary)

FULL NAME (Last, First, Middle)			BIRTHDATE	RESIDENTIAL PHONE	SOCIAL SECURITY NO.
RELATIONSHIP TO APPLICANT (if any)	PRESENT ADDRESS (Street, City, Zip)		DRIVER'S LICENCE NO.	Cell Phone Number	HOW LONG AT PRESENT ADDRESS?
PRESENT EMPLOYER (Company Name & Address)					
HOW LONG WITH PRESENT EMPLOYER?	POSITION OR TITLE		NAME OF SUPERVISOR		BUSINESS PHONE
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		

Allimony, 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.

Allimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

OTHER INCOME \$ PER	SOURCE(S) OF OTHER INCOME
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Is any income listed in this Section likely to be reduced before the credit request is paid off? No Yes (Explain in detail, use separate sheet if necessary)

Have you ever received credit from us? No Yes - When? Office: _____
 Checking Account No. _____ Where? _____
 Savings Account No. _____ Where? _____

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP TELEPHONE NO. (Including 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: _____
 OFAC/Gov. Lists Additional Documentation Attached _____

SECTION C - MARTIAL STATUS (Do not complete if this is an Application for individual unsecured credit.)

APPLICANT Married Separated Unmarried (including single, divorced, and widowed)
 OTHER PARTY Married Separated Unmarried (including single, divorced, and widowed)

SECTION D - ASSET & DEBT INFORMATION

If Section B has been completed, this Section should be completed, giving information about both the Applicant and the 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 (Including charge accounts, installment contracts, credit cards, rent, mortgage, etc. Use separate sheet if necessary.)

CREDITOR	TYPE OF DEBT OR ACCOUNT#/NUMBER	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE YES / NO
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> RENT <input type="checkbox"/> MORTGAGE		(Omit Rent) \$	(Omit Rent) \$	\$	
TOTAL DEBTS			\$	\$	\$	

CREDIT REFERENCES (Paid off accounts)

			DATE PAID OFF
		\$	

MY AUTOMOBILE 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 Agreement 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.

APPLICANT SIGNATURE

DATE

OTHER SIGNATURE (Where Applicable)

DATE

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