



# Miners Exchange Bank

## CREDIT APPLICATION

INS. # \_\_\_\_\_ DATE \_\_\_\_\_

LOAN # \_\_\_\_\_ APPR. BY \_\_\_\_\_

PORT # \_\_\_\_\_ GRADE \_\_\_\_\_

NAME		BIRTH DATE Mo. Day Yr.		SOCIAL SECURITY NUMBER	
P.O. BOX	STREET ADDRESS			How Long At This Address? Yr. Mo.	
CITY			STATE	ZIP CODE	Home Phone
PREVIOUS ADDRESS			How Long At This Address Yr. Mo.		Cell Phone
NAME AND ADDRESS OF NEAREST RELATIVE			Home Phone		Relationship

AMOUNT REQUESTED \$	TERMS:	MOS. DAYS	PAYABLE \$	PER MO. BEG. DUE
SINGLE PAYMENT LOAN TO BE: <input type="checkbox"/> PAID <input type="checkbox"/> CURTAILED <input type="checkbox"/> OR RENEWED _____ AT MATURITY				SOURCE OF REPAYMENT
COMAKER OR ENDORSER				COLLATERAL VALUE
PURPOSE				
COLLATERAL				

If applicant is receiving income from alimony, child support or separate maintenance payments and such income is not relied on to obtain credit, it is not necessary to disclose this income.

EMPLOYER	Length of Employment Yr. Mo.		Job Title	
EMPLOYER'S ADDRESS	MONTHLY EARNINGS \$		Per Mo.	Income Verification <input type="checkbox"/> Attached <input type="checkbox"/> In File
SOURCE OF OTHER INCOME			NET \$	Per Mo.
PREVIOUS EMPLOYER	Length of Employment Yr. Mo.		Job Title	

### CURRENT INDEBTEDNESS

CREDITOR'S NAME AND ADDRESS	High Credit	Balance	Monthly Payment
INDEBTNESS FROM CREDIT REPORT ATTACHED OR IN FILE			
MONTHLY PAYMENT ON THIS LOAN REQUEST			
OTHER INDEBTEDNESS			
DOES APPLICANT: OWN _____ BUYING _____ RENT _____ LIVE WITH FAMILY _____?			RENT PAYMENT (If Applicable)
TOTAL MONTHLY PAYMENTS AS A PERCENTAGE OF INCOME: _____ %		TOTAL OF MONTHLY PAYMENTS	
PERSONAL DEPOSITORY ACCOUNTS CARRIED AT		DDA _____ SAV. _____ CD'S _____	

INFORMATION APPLICABLE TO JOINT APPLICANT: Complete this section and joint applicant sign below ONLY if joint applicant will also be contractually liable for repayment or applicant is relying on the income of the joint applicant.

JOINT APPLICANT		BIRTH DATE Mo. Day Yr.		SOCIAL SECURITY NUMBER	
P.O. BOX	STREET ADDRESS			How Long At This Address? Yr. Mo.	
CITY			STATE	ZIP CODE	Home Phone
PREVIOUS EMPLOYER			Length of Employment Yrs. Mos.		Job Title
EMPLOYER			Length of Employment Yrs. Mos.		Job Title
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PREVIOUS EMPLOYER			Length of Employment Yrs. Mos.		Job Title

I (we) certify the information on this application is true in every respect and that it correctly reflects my/our current financial condition. I (we) authorize the Creditor to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application including without limitation, inquiries to any agency of government - federal, state or local. I (we) authorize and instruct any person, governmental agency or consumer reporting agency to compile and furnish the Creditor any information it may have or obtain in response to such inquiries and agree that same shall remain the property of the Creditor whether or not credit is extended.

Have you ever been adjudged a bankrupt or have any judgements, repossessions, garnishments or other legal proceedings ever been filed against you?

 Yes  No If yes, explain on reverse side.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_