

***Please do not use this application when applying for a Residential Mortgage Loan.



Application for Credit

Notice: Please complete application and return to the Citizens Bank of Edmond location nearest you.

I certify that this application is for:

- Individual credit (in your own name, based solely on your income and/or assets)
 Joint credit (with another person or entity who will also be contractually liable)
 Sign Below

WE INTEND TO APPLY FOR JOINT CREDIT.

Applicant

Co-Applicant

IMPORTANT INFORMATION ABOUT PROCEDURES WHEN OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

Section 1. Tell us about your loan need

Amount requested (\$)	Specific purpose for proceeds of loan		
Desired payment amount (\$)	Desired payment date	Type of Loan	<input type="checkbox"/> Personal, Family or Household <input type="checkbox"/> Business Purpose

Section 2. Tell us about yourself

Full Name (Last, First, Middle)			Birth date	Social Security or Tax ID Number	E-Mail Address
Mailing Address AND residence street address (if different)			Driver's License Number	State	Date of Issuance Date of Expiration
City	State	Zip Code	Home Phone Number		Cell Phone Number
Years and Months at Present Address		<input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own	Dependents (Number and ages)	
Previous Address (Street, City, State and Zip)			Years and Months at Previous Address		
Employer (Retired ____ Yes ____ No)		Position or Military Rank		Gross Salary or Pension <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other	
Employer Address		Employer Phone Number		Length at present employer (years and months)	
Previous Employer (Name and Address)		Previous Employer Phone Number		Length at previous employer (years and months)	
<i>Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis of repaying this obligation</i>					Amount Monthly & Source
Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
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)			Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes (When?)		
Name of closest relative not living with you, and Relationship		Address of this person		Phone Number of this person	
Name of personal reference (non-relative)		Address of this person		Phone number of this person	

Section 3. Tell us about your Co-Applicant (if applicable)

Full Name (Last, First, Middle)			Birth date	Social Security or Tax ID Number	E-Mail Address
Mailing Address AND residence street address (if different)			Driver's License Number	State	Date of Issuance Date of Expiration
City	State	Zip Code	Home Phone Number		Cell Phone Number Relationship to Applicant
Employer		Position or Military Rank		Gross Salary or Pension <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other	
Employer Address		Employer Phone Number		Length at present employer (years and months)	
<i>Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis of repaying this obligation</i>					Amount Monthly & Source
Alimony, child support, or separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
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)			Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes (When?)		
Name of closest relative not living with you, and Relationship		Address of this person		Phone Number of this person	
Name of personal reference (non-relative)		Address of this person		Phone number of this person	

Please Sign

I (We) hereby affirm that the information contained in this application, including the information on all other pages attached, is true, complete and correct and that lender is relying on this information if it makes the requested loan. Lender is authorized to make any investigation of my/our credit and/or employment status either directly or through any agency employed by Lender. Lender may disclose to any other interested parties Lender's experience with my/our loan account. Lender may keep this application even if it decides not to make the loan to me/us.

X _____
Applicant's Signature

Date

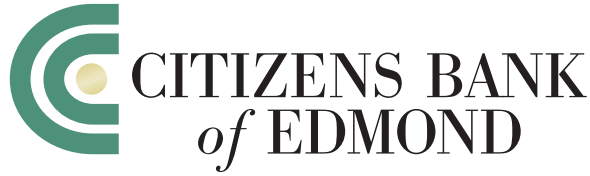
X _____
Co-Applicant's Signature

Date

By signing here, I confirm this application is for joint credit.



Section 4. Marital Status (Do not complete if this is an Application for individual unsecured credit)						
Applicant ___Married ___Unmarried ___Separated						
Co-Applicant ___Married ___Unmarried ___Separated						
Section 5. Tell us about your Banking References						
Your Bank- Name and Address	Phone Number	Account Number	Type of Account (Checking, Savings, CD, Etc.)			
Your Bank- Name and Address	Phone Number	Account Number	Type of Account (Checking, Savings, CD, Etc.)			
Do you have any unsatisfied judgments against you or you co-applicant? ___YES ___NO		If "YES" how much (\$)				
If you are obligated to pay alimony or child support, list monthly amount (\$)		Are you paying under ___Court Order ___Written Agreement ___Oral Understanding				
Have you had a vehicle or merchandise repossessed in the past 7 years? ___YES ___NO		Have you ever been convicted of a felony ___Yes ___NO				
Have you had a bankruptcy in the past 10 years? ___YES ___NO If "YES", When?		If "YES", When?				
Section 6. Tell us about your insurance						
What insurance company do you use for your vehicle or house insurance?						
Agents name, address and phone number						
Section 7. Tells us about your financial condition						
Assets Owned (Please attach separate sheet if necessary)						
Description of Assets	Value	Subject to Debt? Yes/No	Names of Owners			
Automobiles (Make, Model, Year)	\$					
1			
2			
3			
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 Please include charge accounts, installment contracts, credit cards, rent, mortgage, etc. (Please attach 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 or No)
Landlord or Mortgage Holder	___Rent Payment ___Mortgage Payment		(Omit Rent) \$	(Omit Rent) \$	\$	
Total Debts			\$	\$	\$	
Credit References (Paid Off Accounts)				Date Paid Off		
			\$			
Section 8. Have you signed for anyone?						
As a co-signer on any notes or contracts ___YES ___NO		As guarantor on any notes or contracts ___YES ___NO		Other (Described) ___YES ___NO		For Whom
Amount \$		Amount \$		Amount \$		
Section 9. Secured Credit (Complete only if credit is to be secured.) Briefly described the property to be given as security:						
Property Description - If vehicle, include year, make, model, tag number and color.						
Name and addresses of all Co-Owners of the Property						



Preliminary Credit Disclosure

IMPORTANT

DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT.

Purpose

You have submitted an application for a loan and you may be purchasing an insurance product or annuity from Citizens Bank of Edmond in connection with your loan. Federal law requires us to provide you with the following disclosure.

CREDIT DISCLOSURE

Citizens Bank of Edmond may not condition an extension of credit on either of the following:

(1) A requirement that I purchase an insurance product from the bank or any of its affiliates;

OR

(2) An agreement that I will not obtain an insurance product from an unaffiliated entity, or a prohibition on my obtaining an insurance product from an unaffiliated entity.

INSURANCE DISCLOSURE

(1) I understand that this insurance product is not a deposit or other obligation of the bank or an affiliate of the bank and is not guaranteed by the bank or an affiliate of the bank.

(2) I further understand that the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States or by the bank or an affiliate of the bank does not insure this insurance product.

CONSUMER ACKNOWLEDGEMENT

I hereby acknowledge that I have received the above credit disclosure and insurance disclosures, both orally and in writing.

X _____
Applicant

X _____
Date

X _____
Co-Applicant (if applicable)

X _____
Date

CUSTOMER COPY



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Applicant

X _____
Date

X _____
Co-Applicant (if applicable)

X _____
Date