



LOAN APPLICATION

LOAN TYPE

- AUTO/TRUCK TRAVEL TRAILER/RV
 BOAT OVERDRAFT LINE
 PERSONAL OTHER

APPLICATION TAKEN BY: _____

DATE _____

CHECK ONE - Are you applying: 1. Individually or 2. Jointly
 If 2., the co-applicant must complete a separate statement

Have you ever applied for credit under another name yes no
 other name _____

PERSONAL INFORMATION

NAME	FIRST	MID	LAST
ADDRESS	NO & STREET		YEARS THERE
CITY	STATE		ZIP
AREA CODE AND PHONE NUMBER			
PREVIOUS ADDRESS			YEARS THERE
PREVIOUS ADDRESS			YEARS THERE
SOCIAL SECURITY NUMBER			DATE OF BIRTH
NUMBER OF DEPENDENTS (INCLUDING SELF)			
NAME NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP
ADDRESS			

EMPLOYMENT INFORMATION

PRESENT EMPLOYER (COMPANY NAME)	
ADDRESS	
CITY	STATE ZIP
BUSINESS PHONE	YEARS THERE
JOB TITLE	
YOU NEED NOT INCLUDE ALIMONY, CHILD SUPPORT, MAINTENANCE, OR YOUR SPOUSE'S INCOME, UNLESS YOU WISH SUCH INFORMATION TO BE USED IN THE CREDIT DETERMINATION.	
GROSS PAY \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH	OTHER INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH
SOURCE OF OTHER INCOME	
PREVIOUS EMPLOYER	YEARS THERE
ADDRESS	PREVIOUS INCOME

CREDIT INFORMATION

BANK (Checking) NAME	ACCT.NO.
<input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT	MORTGAGE HOLDER/LANDLORD MONTHLY PMT./RENT
VALUE OF REAL ESTATE:	UNPAID MORTGAGE AMOUNT
CAR FINANCED BY:	MONTHLY PMT. UNPAID AMT.
LIST ALL OTHER LOANS	MONTHLY PMT. UNPAID AMT.
	MONTHLY PMT. UNPAID AMT.
	MONTHLY PMT. UNPAID AMT.

BANK (Savings) NAME	ACCT.NO.	BALANCE
LIST ALL CREDIT CARDS BELOW (USE ADDITIONAL PAGES IF NECESSARY)		
NAME	CREDIT LINE	UNPAID AMT.
NAME	CREDIT LINE	UNPAID AMT.
NAME	CREDIT LINE	UNPAID AMT.
NAME	CREDIT LINE	UNPAID AMT.

VEHICLE DESCRIPTION		FINANCING INFORMATION		INSURANCE AGENT	
YEAR	<input type="checkbox"/> NEW <input type="checkbox"/> USED	Amount to be Financed		ADDRESS	
MAKE	<input type="checkbox"/> DEALER	\$ _____		VEHICLE IDENTIFICATION NUMBER	
BODY/HULL TYPE	OPTIONS	TERMS		FOR BANK USE ONLY <input type="checkbox"/> OFAC _____ <input type="checkbox"/> ID _____ Purpose of Loan (state if refinance): Endorsers or security: Loan Officer _____ Branch _____	
MODEL	<input type="checkbox"/> A/C <input type="checkbox"/> STEREO/TAPE <input type="checkbox"/> POWER WINDOW <input type="checkbox"/> POWER LOCKS <input type="checkbox"/> ANTI LOCK BRAKES <input type="checkbox"/> EXTENDED WARRANTY <input type="checkbox"/> OTHER	Number of Months _____			
NUM CYL		APR _____%			
MILEAGE		Monthly Payment \$ _____			
PURCHASE PRICE		<input type="checkbox"/> CREDIT LIFE INSURANCE <input type="checkbox"/> CREDIT DISABILITY INS.			

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT REQUIRES THAT ALL CREDITORS, INCLUDING BANKS, SAVINGS AND LOAN ASSOCIATIONS, SMALL LOAN COMPANIES, RETAIL STORES AND OTHERS, MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS WITHOUT REGARD TO SEX OR MARITAL STATUS, THE FEDERAL AGENCY WHICH ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS LENDING INSTITUTION IS THE OFFICE OF THE COMPTROLLER OF THE CURRENCY, CUSTOMER ASSISTANCE UNIT, 1301 MCKINNEY AVE., SUITE #3710, HOUSTON, TEXAS 77010.

CREDIT INQUIRIES:
 I/WE AUTHORIZE THE LENDER 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. I/WE AUTHORIZE AND INSTRUCT ANY PERSON OR CONSUMER REPORTING AGENCY TO COMPILER AND FURNISH TO THE LENDER ANY INFORMATION IT MAY HAVE OR OBTAIN IN RESPONSE TO SUCH CREDIT INQUIRIES AND AGREE THAT SAME SHALL REMAIN YOUR PROPERTY WHETHER OR NOT CREDIT IS EXTENDED. ALL INFORMATION SET FORTH IN THIS APPLICATION IS DECLARED TO BE A TRUE REPRESENTATION OF FACTS FOR THE PURPOSE OF OBTAINING THE CREDIT REQUESTED AND ANY WILLFUL MISREPRESENTATION ON THIS APPLICATION COULD RESULT IN CRIMINAL ACTION.

"I WILL PROVIDE COMPREHENSIVE AND COLLISION INSURANCE WITH A LOSS PAYABLE ENDORSEMENT IN FAVOR OF 1ST NATIONAL BANK OF SCOTIA".
 ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION ON THIS APPLICATION SHALL BE SUBJECT TO ALL PENALTIES PRESCRIBED BY THE U.S. CRIMINAL CODE.

Date _____ Signature of Applicant **X** _____