

Credit Application

SEND COMPLETED FORM TO:

PEOPLES BANK OF ALTENBURG
 PO BOX 68 - 8537 MAIN ST
 ALTENBURG, MO 63732
 OR
 PO BOX 550 - 1503 N HIGH ST
 JACKSON, MO 63755

Creditor

("You" means Applicant, *et al*; and "We" means Creditor)

Important Information to Applicant(s). To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a loan or opens an account. **What this means for you.** When you apply for a loan or open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. **Read each instruction carefully before completing this form.**

For Creditor Use

Account No.	Class No.	Date Received
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1. Type of Application

Check only one of the three types:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual Credit - You are relying <u>solely</u> on your income or assets.
<input type="checkbox"/> Individual Credit - You are relying on your income or assets as well as income or assets from other sources. | <input type="checkbox"/> Joint Credit - By initialing below, you intend to apply for "joint credit".
Applicant _____ Joint Applicant _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

2. Type of Requested Credit

Application Date	Amount \$	Financing Type <input type="checkbox"/> New <input type="checkbox"/> Refinance <input type="checkbox"/> Modification	No. of Months	Repayment Interval <input type="checkbox"/> Monthly <input type="checkbox"/>	First Payment Date
Credit Type <input type="checkbox"/> Line of Credit <input type="checkbox"/> Loan <input type="checkbox"/> Sale <input type="checkbox"/> Lease	Loan Purpose <input type="checkbox"/> Agricultural <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Security for Credit <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured	Proceeds of Credit to Be Used for <input type="checkbox"/> To purchase property that will secure your credit <input type="checkbox"/> To purchase property that is a residential dwelling and is not real estate <input type="checkbox"/> To finance home improvements to a residential dwelling <input type="checkbox"/> Other (<i>describe</i>):		

Applicant

3. Applicant Information

Joint Applicant or Other Party

Full Name (<i>First, Middle, Last</i>)			Full Name (<i>First, Middle, Last</i>)		
Gov't ID Type	Gov't ID No.	Gov't ID Issued By	Gov't ID Type	Gov't ID No.	Gov't ID Issued By
Gov't ID Issue Date	Gov't ID Exp. Date	Date of Birth	Gov't ID Issue Date	Gov't ID Exp. Date	Date of Birth
Soc. Sec. No.	Primary Phone <input type="checkbox"/> Cell	Second Phone <input type="checkbox"/> Cell	Soc. Sec. No.	Primary Phone <input type="checkbox"/> Cell	Second Phone <input type="checkbox"/> Cell
Email Address:			Email Address:		
Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:			Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:		
Previous Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:			Previous Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:		
Dependents No.: Ages:			Dependents No.: Ages:		
Nearest Relative (<i>not living with you</i>) Name: Address: Telephone: <input type="checkbox"/> Cell			Nearest Relative (<i>not living with you</i>) Name: Address: Telephone: <input type="checkbox"/> Cell		
Your Relationship to us (or our affiliate) <input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Insider (Shareholder, Director, Officer)			Your Relationship to us (or our affiliate) <input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Insider (Shareholder, Director, Officer)		
Have you ever received credit from us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: office/branch:			Have you ever received credit from us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: office/branch:		

