

FIDELITY BANK OF TEXAS CREDIT APPLICATION

FOR CREDIT USE ONLY

Date _____
 APPROVED _____ By _____
 DECLINE _____ By _____

Type of Application

If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E.

If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E.

We intend to apply for joint credit. Applicant Co-Applicant **< Please sign, Do Not Print**

If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except E to the extent possible, providing information in B about the person on whose alimony, support, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section E.

Loan Information

Auto Loan <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Refinance <input type="checkbox"/> Year _____ Other _____ Year _____	Loan Request \$ _____ Number of Months Desired _____
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PROCEEDS OF CREDIT TO BE USED FOR: _____

SECTION A -- INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle)		BIRTHDATE	D.L. #	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State & Zip)		RENT OR OWN?	HOW LONG ?	RESIDENTIAL PHONE #:
PREVIOUS ADDRESS (Street, City, State & Zip)		RENT OR OWN?	HOW LONG?	CELL PHONE #:
PRESENT EMPLOYER (Company Name & Address)				EMAIL 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		YOUR PRESENT NET SALARY OR COMMISSION		NO. DEPENDENTS
\$ _____ PER _____		\$ _____ PER _____		AGES OF DEPENDENTS
Alimony, 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.				
Alimony, child support, or separate maintenance received under:		Court Order	Written Agreement	Oral Understanding
		(check all that apply)		
OTHER INCOME		SOURCES OF OTHER INCOME		
\$ _____ PER _____				
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?		Checking Accounting No. Where?		Balance
<input type="checkbox"/> No <input type="checkbox"/> Yes-When?		Savings Account No. Where?		Balance
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		TELEPHONE NO. (Include Area Code)

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

Complete only if: for each joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

FULL NAME (Last, First, Middle)		BIRTHDATE	D.L. #	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State & Zip)		RENT OR OWN?	RESIDENTIAL PHONE	HOW LONG AT PRESENT ADDRESS?
PREVIOUS ADDRESS (Street, City, State & Zip)		RENT OR OWN?	HOW LONG AT PREVIOUS ADDRESS?	
PRESENT EMPLOYER (Company Name & Address)				EMAIL 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		YOUR PRESENT NET SALARY OR COMMISSION		NO. DEPENDENTS
\$ _____ PER _____		\$ _____ PER _____		AGES OF DEPENDENTS
Alimony, 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.				
Alimony, child support, or separate maintenance received under:		Court Order	Written Agreement	Oral Understanding
		(check all that apply)		
OTHER INCOME		SOURCES OF OTHER INCOME:		
\$ _____ PER _____				
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?		Checking Accounting No. Where?		Balance
<input type="checkbox"/> No <input type="checkbox"/> Yes-When?		Savings Account No. Where?		Balance
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		TELEPHONE NO. (Include Area Code)

SECTION C - MARITAL STATUS - Do not complete if this is an application for individual unsecured credit

APPLICANT: Married Separated Unmarried (including single, divorced and widowed)
 CO-APPLICANT: 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 Joint Applicant or Other Person. ASSETS OWNED (Use separate sheet if necessary)

Please mark Applicant-related information with an "A." If Section B was not completed, only give information about the Applicant in this section.

DESCRIPTION OF ASSETS	VALUE	SUBJECT TO DEBT? Yes/No	NAMES OF OWNERS
CASH			
AUTOMOBILES (Make, Model, Year)			
CERTIFICATES 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	\$0.00		

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

CREDITOR	TYPE OF DEBIT OR ACCOUNT NO.	NAME IN WHICH ACCOUNT IS CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? YES/NO
LANDLORD OR MORTGAGE HOLDER	Rent Payment		(Omit Rent)	(Omit Rent)		
	Mortgage					
TOTAL DEBTS			\$0.00	\$0.00	\$0.00	

CREDIT REFERENCES (Paid Off Accounts)	DATE PAID OFF

MY AUTO 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 judgments against you? No Yes - Amount \$ _____ If "Yes," To Whom Owed? _____

Have you been declared bankrupt in the last 14 years? No Yes - Where? _____ Year? _____

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 Application 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. I understand that I must update credit information at your request if my financial condition changes.

APPLICANT'S SIGNATURE _____ **OTHER SIGNATURE (Where Applicable)** _____

X _____ Date _____ X _____ Date _____