

# FIDELITY BANK OF TEXAS CREDIT APPLICATION

Check   
Appropriate  
Box

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 \_\_\_\_\_

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 of 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.

FOR CREDIT USE ONLY DATE _____ ACCOUNT NO. _____ APPROVED <input type="checkbox"/> BY _____ DECLINED <input type="checkbox"/> BY _____	AMOUNT REQUESTED	PAYMENT DATE DESIRED
PROCEEDS OF CREDIT TO BE USED FOR		

## SECTION A -- INFORMATION REGARDING APPLICANT

FULL NAME (Last, First, Middle)	AGE	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)				
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	AGES OF DEPENDENTS	
\$ _____ PER _____	\$ _____ PER _____			
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? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		Checking Account No. ....	Where? .....	Balance.....
		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)	AGE	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)

HOW LONG WITH PRESENT EMPLOYER?	YOUR POSITION OR TITLE	NAME OF SUPERVISOR	BUSINESS PHONE Ext.
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PREVIOUS EMPLOYER (Company Name & Address) HOW LONG WITH PREVIOUS EMPLOYER?

YOUR PRESENT <b>GROSS</b> SALARY OR COMMISSION \$ _____ PER _____	YOUR PRESENT <b>NET</b> SALARY OR COMMISSION \$ _____ PER _____	NO. DEPENDENTS	AGES OF DEPENDENTS
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**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:

<input type="checkbox"/> Court Order	<input type="checkbox"/> Written Agreement	<input type="checkbox"/> Oral Understanding	(check all that apply)
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OTHER INCOME \$ _____ PER _____	SOURCES OF OTHER INCOME
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Is any income listed in this Section likely to be reduced before the credit requested is paid off?  No  Yes (explain)

Have you ever received credit from us?  No  Yes - When?

Checking Account No.....	Where?.....	Balance.....
Savings Account No.....	Where?.....	Balance.....

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
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**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)

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

**ASSETS OWNED (Use separate sheet if necessary)**

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)			
<b>TOTAL ASSETS</b>	\$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	<input type="checkbox"/> Rent Payment		(Omit Rent)	(Omit Rent)		
	<input type="checkbox"/> 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	DATE	OTHER SIGNATURE (Where Applicable)	DATE
X		X	