

GREENVILLE NATIONAL BANK CREDIT APPLICATION

Date _____ INDIVIDUAL JOINT COMAKER

*We intend to apply for joint credit.

Print Applicant's Name		No. Dependents	Print Applicant's Name		No. Dependents
Soc. Sec. No.		Date of Birth		Soc. Sec. No.	
Address		Years at Address		Address	
City		State		City	
Home Phone		Business Phone		Home Phone	
Previous Address		City		State	
City		State		Zip	
Name of nearest relative not living with you		Phone Number		Name of nearest relative not living with you	
Address		Relationship		Address	
				Relationship	

EMPLOYMENT			EMPLOYMENT		
Employed by	Yrs	Mo	Employed by	Yrs	Mo
Address		Zip	Address		Zip
Position			Position		
Net Earnings <input type="checkbox"/> Wk <input type="checkbox"/> Bi Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yrly			Net Earnings <input type="checkbox"/> Wk <input type="checkbox"/> Bi Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yrly		
Previous Employer			Previous Employer		
Income derived from alimony, child support, and separate maintenance payments need not be revealed unless the applicant wishes to have such income considered. Other <input type="checkbox"/> Mo Income <input type="checkbox"/> Yr Source			Income derived from alimony, child support, and separate maintenance payments need not be revealed unless the applicant wishes to have such income considered. Other <input type="checkbox"/> Mo Income <input type="checkbox"/> Yr Source		

ASSETS				ASSETS			
Vehicle		Value		Vehicle		Value	
Vehicle		Value		Vehicle		Value	
Location of real estate you own				Location of real estate you own			
Property in names of				Property in names of			
Purchase Date	Purchase Price	Original Mortgage	Present Value	Purchase Date	Purchase Price	Original Mortgage	Present Value
Landlord/Mortgage Holder				Landlord/Mortgage Holder			
Mortgage Payment or Rent		Present Balance		Mortgage Payment or Rent		Present Balance	

FINANCIAL AND CREDIT REFERENCES				FINANCIAL AND CREDIT REFERENCES			
Name of your bank				Name of your bank			
<input type="checkbox"/> Checking \$		<input type="checkbox"/> Savings \$		<input type="checkbox"/> CD \$		<input type="checkbox"/> Other \$	
<input type="checkbox"/> Other \$				<input type="checkbox"/> Other \$			
Name	Collateral	Mo. Pmt.	Balance	Name	Collateral	Mo. Pmt.	Balance

Purpose of Loan PERSONAL BUSINESS AGRICULTURAL

Description of Collateral

Auto Payment Deduction: Checking Savings Acct. #:

Insurance Company _____ Agent _____ Phone _____

Has applicant ever declared bankruptcy? Yes No

Marital Status Do not complete if this is an application for individual unsecured credit.

Applicant Married Separated Unmarried (including single, div. or wid.)

The Ohio Laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

I/We hereby certify that each of the statements made and answers given in this application are true and correct and is made for the purpose of inducing you to extend credit to me/us.

I/We hereby authorize the obtaining of a credit report or reports to be used in evaluating this application and the obtaining and exchanging of credit information from and with other creditors and consumer reporting agencies, including requests for payoff statements; employment history, including dates, titles, income, hours worked, etc.; deposit account information from financial institution(s). The information obtained by Greenville National Bank is only to be used in connection with my/our Greenville National Bank accounts.

A photographic or facsimile copy of this authorization (being a valid copy of the signature(s) of the undersigned) may be deemed the equivalent of the original and may be used as a duplicate original.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

CONTRACT TERMS

New Rewrite No. of Months _____ % Initial Interest Rate

Dealer _____ Res: _____
(1)
Cash Price \$ _____
Taxes \$ _____
Title Fees \$ _____
Licensing Fees \$ _____
Filing Fees \$ _____
Total Cost \$ _____(1)

(2)
Cash Down Payment \$ _____
Trade In \$ _____
Less Balance \$ _____
Net Trade In \$ _____

Total Down Payment \$ _____(2)
(3)
Unpaid Balance of Cash Price(1-2) \$ _____(3)

(4)
Other Charges
Credit Life \$ _____
A & H \$ _____
_____ \$ _____

Unpaid Balance and Amount Total \$ _____(4)
Financed 3 & 4 \$ _____(5)

(6)
Finance Charge
Interest \$ _____
Other \$ _____

Loan Process Fee \$ _____ Total \$ _____(6)
(7)
Deferred Payment Price (1 & 4 & 6) \$ _____(7)

(8)
Total of Payments Total \$ _____(8)

Annual Percentage Rate _____ % (9)

_____ Monthly Payment of \$ _____
_____ Final Payment of \$ _____

Payments _____
Begin _____
Loan Officer _____
Giving Approval _____

Comments and Conditions: _____

Proceeds deposited to checking acct. # _____



Greenville National Bank

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GREENVILLE, OHIO 45331
www.greenvillenationalbank.com

937 / 548-1114
FAX 937 / 548-0650

CREDIT INSURANCE DISCLOSURE

By signing below, we acknowledge that:

1. We have been or will be offered credit life and accident and health insurance upon the approval of our credit application. We have been informed that our decision regarding the purchase or rejection of any or all of these insurance products will have no impact on the credit approval decision.
2. We have been informed that the bank may not prohibit us from obtaining these products from an unaffiliated entity, and may not request an agreement from us not to obtain these products. Our decisions regarding these matters will have no impact on the credit approval decision.

Signature

Date

Signature

Date

If you are receiving this disclosure by mail, please return it to us by mail at:
Greenville National Bank, PO Box 190, Greenville, OH 45331-0190 or
drop off at any Greenville National Bank Branch.

FOR BANK USE ONLY:

Oral disclosures given on _____ by _____.

(Telephone & Mail Application)

Disclosure mailed on _____ by _____.