FARMERS AND MERCHANTS STATE BANK OF BUSHNELL CREDIT APPLICATION

Phone (309) 772-2171 Fax (309) 772-3616 Email- info@bushnellbank.com 484 East Main, Box 149, Bushnell, IL 61422

IMPORTANT: Read these Directions before completing this Application and Check the 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, C and E. If the requested credit is to be secured, also complete Section D.

☐ If you are applying for joint credit with another person, complete sections A, B, C and E, providing information in B about the joint applicant. If the requested credit is to be secured. then complete Section D.

We intend to apply for joint credit. _____ Applicant _____ Co-Applicant **Please initial**

☐ 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 or another person as the basis for repayment of the credit requested, complete all Sections to the fullest 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 D.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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 opens an account. What this means for you: When you 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.

Date	**Amount Requested**	**Term (# of Months)**	**Proceeds of Loan to be used for:**

SECTION A - INFORMATION REGARDING APPLICANT

Full Name (Last, First, Middle): _____ Birth Date: _____

Present Home Address: _____ Years There: _____

Social Security Number: _____ Home Phone: _____ Cell Phone: _____

Drivers License No: _____ Expiration Date of ID: _____

Email Address: _____ Bank Reference: _____

Present Employer:: _____ Years there: _____ Gross Monthly Salary: _____

Name of nearest Relative not living with you: _____ Relative's Telephone Number: _____

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.

Other Income: $ _____ per _____ Sources of other income: _____

Is any income listed in this Section likely to be reduced before the credit requested is paid off? ☐ Yes (Explain on back) ☐ No

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

Full Name (Last, First, Middle): _____ Birth Date: _____

Present Home Address: _____ Years There: _____

Social Security Number: _____ Home Phone: _____ Cell Phone _____

Drivers License No: _____ Expiration Date of ID: _____

Email Address: _____ Bank Reference: _____

Present Employer:: _____ Years there: _____ Gross Monthly Salary: _____

Name of nearest Relative not living with you: _____ Relative's Telephone Number: _____

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.

Other Income: $ _____ per _____ Sources of other income: _____

Is any income listed in this Section likely to be reduced before the credit requested is paid off? ☐ Yes (Explain on back) ☐ No

Please continue to reverse side

SECTION C - ASSETS AND DEBT INFORMATION

Assets Owned: ☐ Own Home ☐ Rent ☐ Other

OUTSTANDING DEBTS (Mortgages, Rent, Installment, etc)

Name of Creditor	Type of Debt	Present Balance	Monthly Payments
(Landlord or Mortgage Holder)	☐ Rent Payment ☐ Mortgage	(omit rent)	

OTHER DEBT (Credit Cards, Charge Cards, etc)

Name of Creditor	Present Balance	Monthly Payments

Are you obligated to make Alimony, Support, or Maintenance Payments? ☐ Yes ☐ No If yes, amount per month _____

Have you been declared bankrupt in last 14 years? ☐ Yes ☐ No If yes, when? _____

Are there any unsatisfied judgments against you? ☐ Yes ☐ No If yes, explain below under additional Information

Are you a co-maker, endorser, or guarantor on any loan or contract? ☐ Yes ☐ No If yes, explain below under additional Information

SECTION D - SECURED CREDIT (Complete only if credit is to be secured.)

Briefly describe property to be given as security, and owners:

SECTION E - ADDITIONAL INFORMATION

How did you hear about us? (Check all that apply)

☐ Radio Ad
☐ Newspaper Ad
☐ From a Friend or Relative
☐ From a direct letter
☐ Internet / Website
☐ I am an existing customer
☐ I am a previous customer
☐ Other (Specify) _____

APPLICANT(S) 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.

Applicant's Signature _____ Date _____ Other Signature (where applicable) _____ Date _____

☐ Application taken over phone

* * * INSURANCE DISCLOSURE FOR CREDIT APPLICATION * * *

IMPORTANT: DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT

Purpose: You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following disclosures.

Credit Disclosure.

1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from Lender or any of its affiliates.
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit you from obtaining and insurance product or annuity from an unaffiliated entity.

Acknowledgement: By Signing below, I acknowledge that I have read, received, and understand this insurance disclosure.

Applicant _____ Date _____ Co-Applicant (if applicable) _____ Date _____

ADDITIONAL INFORMATION: *(use additional sheet if needed)*