



**CREDIT APPLICATION**

*Flora Bank & Trust*

1478 N. Worthey St. - Flora, IL 62839  
Ph: (618) 662-4441 Fax: (618) 662-6503

*North Clay Banking Center*

A Branch of Flora Bank & Trust  
330 Route 45 North - Louisville, IL 62858  
Ph: (618) 665-5626 Fax: (618) 665-6503

**IMPORTANT APPLICATION INFORMATION:** Federal law requires all financial institutions to obtain sufficient information to verify your identity before your account can be opened. You may be asked to answer several questions and to provide a copy of your driver's license or other identifying documents. The information you provide is protected by our privacy policy and federal law. Failure to provide the required information may result in the denial of your credit request.

I INTEND TO APPLY FOR JOINT CREDIT: \_\_\_\_\_ (Initial) JOINT APPLICATION WITH: \_\_\_\_\_

Unless a second application with the pertinent joint applicant information is submitted, Lender will treat this as an application for individual credit.

Amount Requested \$	For How Long	Payment Amount Desired \$	Collateral Description / Loan Purpose
------------------------	--------------	------------------------------	---------------------------------------

**APPLICANT INFORMATION**

First Name			Last Name			Middle			
Home Phone		Cell Phone		Social Security Number		Birthday			
Present Address				City		State	Zip Code	How Long?	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Name & Address of Nearest Relative Not Living With You					Relationship		Phone		

**EMPLOYMENT INFORMATION**

Employer (Name & Address)								How Long?	
Business Phone			Position			Gross Monthly Salary \$		Net Monthly Salary \$	

**OUTSTANDING DEBTS**

Creditor	Account Number	Description	Original Amount	Present Balance	Monthly Payments
		Mortgage or Rent Payment	\$	\$	\$
		Automobile			

**FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE**

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:

- 1) My purchase of an insurance product or annuity from you or from any of your affiliates; or
- 2) My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

I hereby certify that the information stated in this application is complete and accurate. I understand that this application will be retained regardless of whether or not it is approved. I authorize you to check my credit and employment history and make any further inquiries you deem necessary in connection with this application. You are also authorized to answer questions others may ask regarding my credit record with you. By signing below I acknowledge that I have read and agree to the terms and disclosures contained herein.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_