

<input type="checkbox"/> NEW LOAN	<h1 style="margin:0;">CREDIT APPLICATION</h1>	LOAN NO. _____
<input type="checkbox"/> RENEWAL _____ TIMES REN.		

**IMPORTANT: Please read these directions before completing this Application, and check (✓) the appropriate box below.**

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 E. If the requested credit is to be secured, also complete the first part of Section C and Section B.

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

AMOUNT REQUESTED \$ _____	PAYMENT DATE DESIRED _____	PROCEEDS OF CREDIT TO BE USED FOR _____
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**SECTION A - INFORMATION REGARDING APPLICANT**

FULL NAME (Last, First, Middle)		BIRTH DATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State & Zip)			SUPERVISOR DISTRICT	HOW LONG AT PRESENT ADDRESS
PREVIOUS ADDRESS (Street, City, State & Zip)				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 \$ _____ PER	YOUR PRESENT NET SALARY OR COMMISSION \$ _____ PER	NO. DEPENDENTS	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, separate maintenance received under:  Court Order  Written Agreement  Oral Understanding

OTHER INCOME \$ _____ PER	SOURCES OF OTHER INCOME	SOURCE OF REPAYMENT
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)	DATE OF FINANCIAL STATEMENT

**REPAYMENT TERMS**

Have you ever received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	Checking Account No. _____ Where? Savings Account No. _____ Where?
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NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	TELEPHONE NO. (Include Area Code)
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MY INSURANCE AGENT IS (Name & Address)	INSURANCE REQUIRED <input type="checkbox"/> INSURANCE NOT REQUIRED <input type="checkbox"/>
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Are you a co-maker, endorser, or Guarantor on any Loan or Contract?	<input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom? _____ to Whom?
Are there any unsatisfied judgments against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$ _____ If "Yes" To Whom Owed?
Have you been declared bankrupt in the last 14 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Where? _____ Year?

OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

**SECTION B - SECURED CREDIT (Complete only if credit is to be secured.) Briefly describe the property to be given as security.**

PROPERTY DESCRIPTION
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NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY
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IF THE SECURITY IS REAL ESTATE, GIVE NAME OF JOINT OWNER (if Any)	TYPE OF PROPERTY: <input type="checkbox"/> Homestead <input type="checkbox"/> Farm <input type="checkbox"/> Commercial OTHER: _____
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**SECTION C - MARITAL STATUS (Do not complete if this is an Application for individual unsecured credit.)**

APPLICANT <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, and widowed)	OTHER PARTY <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including single, divorced, and widowed)
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**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 X	DATE	OTHER SIGNATURE: (Where Applicable) X	DATE
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**DO NOT WRITE BELOW THIS LINE**

TYPE OF LOAN Rule of 78ths Installment # of Payments _____ Not to Exceed 60	<input type="checkbox"/> Balloon <input type="checkbox"/> Single Pay	Authorized # of Payments _____
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Date of Loan _____	1st Payment Date _____	INTEREST RATE _____	<input type="checkbox"/> Simple <input type="checkbox"/> Add On Rate
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Other Terms (if Applicable) _____	<input type="checkbox"/> VARIABLE BASE RATE _____ INDEX _____
Due Date or # of Days _____ Amount \$ _____	WILL CHARGE: <input type="checkbox"/> Increase Payment Amount May Change _____ <input type="checkbox"/> Increase Amount Due at Maturity Maximum Rate _____ <input type="checkbox"/> Increase Number of Payments Minimum Rate _____
CREDIT LIFE INSURANCE - <input type="checkbox"/> Single Life <input type="checkbox"/> Joint Life <input type="checkbox"/> No Insurance <input type="checkbox"/> Single Life and A & H <input type="checkbox"/> Joint Life and A & H	Points _____ Post Maturity Interest: _____ <input type="checkbox"/> Above <input type="checkbox"/> Under

LOAN NAME _____	<b>TOTAL LOANS AT</b>
PROCEEDS TO - _____ \$ _____	Before _____ After _____
_____ \$ _____	Deposits _____
_____ \$ _____	Principal Reduction _____
ATTORNEY'S FEES - _____ \$ _____	Interest _____

I hereby authorize _____ to debit my Account # _____	OFFICER APPROVAL _____ Page 1 of 2 CNLAPP (Rev 8/30/04) GP- AL, AR, FL, GA, IL, KY, LA, MS, TN
SIGNATURE _____	

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

FULL NAME (Last, First, Middle)		BIRTH DATE	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.
RELATIONSHIP TO APPLICANT (If Any)	PRESENT ADDRESS (Street, City, State & Zip)		RESIDENTIAL PHONE	HOW LONG AT PRESENT ADDR
PRESENT EMPLOYER (Company Name & Address)				
HOW LONG WITH PRESENT EMPLOYER?	POSITION OR TITLE	NAME OF SUPERVISOR		BUSINESS PHONE Ext.
PREVIOUS EMPLOYER (Company Name & Address)				
PRESENT GROSS SALARY OR COMMISSION \$ PER	PRESENT NET SALARY OR COMMISSION \$ PER	NO. DEPENDENTS	AGES OF DEPENDENTS	HOW LONG WITH PREVIOUS EMPLOYER?
<b>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.</b> Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				
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? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				
Has Joint Applicant or Other Party ever received credit from you? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		Checking Account No.	Where?	
		Savings Account No.	Where?	
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TELEPHONE NO. (Include Area Code)	
Are you a co-maker, endorser or Guarantor on any Loan or Contract? <input type="checkbox"/> No <input type="checkbox"/> Yes - For Whom?		to Whom?		
Are there any unsatisfied judgments against you? <input type="checkbox"/> No <input type="checkbox"/> Yes - Amount \$		If "Yes" To Whom		
Owed? Have you been declared bankrupt in the last 14 years? <input type="checkbox"/> No <input type="checkbox"/> Yes - Where?		Year?		
OTHER OBLIGATIONS (For example, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)				

**SECTION E - ASSET INFORMATION**

If Section D 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)			
1.			
2.			
CASH VALUE OF LIFE INSURANCE (Issuer, Face Value)			
REAL ESTATE (Location, Date Acquired)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
OTHER (List)			
TOTAL ASSETS			

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

CREDITOR	DATE OF LOAN	ORIGINAL AMOUNT	PAYMENT SCHEDULE	BALANCE	SEC.	DLP	NEXT DUE
TOTAL DEBT							

CREDIT REFERENCES (Paid Off Accounts)	DATE PAID OFF

**SECTION F - WORK SHEET DO NOT WRITE BELOW THIS LINE**

CREDITOR Verification:

Creditor and Who Provided Information	Date Started	Original Bal.	Present Bal.	Payment	Mos. Left to Pay	Comments

Total net monthly income from all sources ..... \$ \_\_\_\_\_ REASON FOR TURN DOWN OR REPAYMENT TERMS

Less rent or mortgage payments, including taxes and insurance ..... \$ \_\_\_\_\_

Less payments on all debts not being consolidated ..... \$ \_\_\_\_\_

Less payment on this proposed loan ..... \$ \_\_\_\_\_

Amount left for all living expenses ..... \$ \_\_\_\_\_

<p><b>LENDER</b></p> <p>Heritage Bank &amp; Trust  Main Office  217 S. James Campbell Blvd.  Columbia, TN 38401</p>
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## CREDIT APPLICATION INSURANCE DISCLOSURE

**Name of Applicant(s)**

You have applied for a loan with Lender. In connection with your application, Lender may solicit, offer or sell you an insurance product or annuity. This notice is given to advise you of information related to any insurance product or annuity that is offered, solicited or sold in connection with your loan application and available on a voluntary basis through the Lender. **PLEASE READ CAREFULLY BEFORE SIGNING THIS NOTICE.**

**THE PURCHASE OF ANY INSURANCE PRODUCT OR ANNUITY THROUGH THE LENDER IN CONNECTION WITH AN EXTENSION OF CREDIT IS NOT REQUIRED. IT IS STRICTLY VOLUNTARY AND IS NOT A FACTOR IN OBTAINING CREDIT. FOR EXAMPLE:**

**THE LENDER MAY NOT CONDITION A LOAN OR OTHER EXTENSION OF CREDIT ON EITHER:**

- 1. YOUR PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM THE LENDER OR ANY OF ITS AFFILIATES, OR**
- 2. YOUR AGREEMENT NOT TO OBTAIN, OR PROHIBITION BY US AGAINST YOU OBTAINING AN INSURANCE PRODUCT OR ANNUITY FROM AN ENTITY NOT AFFILIATED WITH THE LENDER.**

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED AN ORAL DISCLOSURE OF THE DISCLOSURES CONTAINED IN THIS NOTICE AND THAT YOU HAVE BEEN FURNISHED WITH A COPY OF THIS NOTICE AND UNDERSTAND ITS TERMS.

Date	Date
Date	Date
Date	Date

**For Telephone Applications Only:**

As an authorized representative of Lender, I confirm that I have made the above Credit Application Insurance Disclosures orally to the Applicant(s) and that the receipt of the oral disclosures were acknowledged orally by the Applicant(s). I also confirm that I have mailed to the Applicant(s) the above Credit Application Insurance Disclosures within three (3) days beginning the first business day after the application is taken, excluding Sunday and federal public holidays.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date: