

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

TYPE OF CREDIT REQUESTED

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.

- | | |
|---|--|
| <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets
<input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources
<input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (initials) _____ | <input type="checkbox"/> SECURED
<input type="checkbox"/> UNSECURED |
|---|--|

FOR CREDITOR USE

DATE _____ CLASS NO. _____
 ACCOUNT NO. _____
 APPROVED BY _____
 DECLINED BY _____

AMOUNT REQUESTED \$ _____	FOR HOW LONG _____	PAYMENT DATE DESIRED _____	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR: _____
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SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)				COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent? HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)				COUNTY	Did you <input type="checkbox"/> own or <input type="checkbox"/> rent? HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE Ext.		POSITION OR TITLE		SALARY PER MONTH	
				GROSS: \$ NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP	TELEPHONE NO. (Include Area Code)	
Allimony, 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.					
Allimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Have you previously received credit from us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION

Complete only if: for joint credit, for individual credit relying on income or assets from other sources; or applicant is married and resides in a community property state.

NAME (Last, First, Middle)					
BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (if Any)		PRESENT ADDRESS (Street, City, State & Zip)			HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE Ext.		POSITION OR TITLE		SALARY PER MONTH	
				GROSS: \$ NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
Allimony, 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.					
Allimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME					AMOUNT PER MONTH \$
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 us? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

SECTION C - MARITAL STATUS

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

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	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
TOTAL ASSETS			\$

OUTSTANDING DEBTS (Including charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT (OMIT RENT)	PRESENT BALANCE (OMIT RENT)	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$
AUTOMOBILES (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amt. per month \$ _____
 Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes If yes, for whom? _____ To whom? _____
 Are there any unsatisfied judgments against you? No Yes If yes, to whom owed? _____ Amount \$ _____
 Have you been declared bankrupt in the last 10 years? No Yes If 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).

SECTION F - NOTICES

Notice to all Applicants. A Consumer Report may be requested in connection with this application for credit or any future update, renewal, or extension of such credit. Upon request, you will be informed whether or not a consumer report was requested. If a report was requested, you will be informed of the name and address of the consumer reporting agency that furnished the report.

Notice to Ohio Residents. The Ohio laws against discrimination require that all creditors make credit equally available to all credit-worthy 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.

Notice to Wisconsin Residents - Marital Property Agreement Notice. No provision of any marital property agreement, unilateral statement under Wisconsin Statutes Section 766.59 or court decree under Wisconsin Statutes Section 766.70 adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred.

SIGNATURES- I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

Applicant's Signature

Date

Other Signature (Where Applicable)

Date

INSURANCE DISCLOSURES - CONSUMER CREDIT APPLICATIONS

DATE _____

CONSUMER(S) NAME	FINANCIAL INSTITUTION NAME AND ADDRESS
	American Bank Of Oklahoma P.O. Box 66 Collinsville, OK 74021
CONSUMER(S) ADDRESS	

In this disclosure, the terms "you" and "your" refer to the Consumer(s) named above. The terms "we," "us" and "our" refer to the Financial Institution.
 Loan application type: Consumer

**PURCHASE OF INSURANCE OR AN ANNUITY FROM US IS NOT REQUIRED
 PURCHASE OF INSURANCE OR AN ANNUITY FROM OTHERS IS NOT PROHIBITED**

In no way will our decision to extend credit to you be based or conditioned upon whether or not you purchase an insurance product or annuity from us or any affiliate of ours; nor will we prohibit you or ask you not to obtain an insurance product or annuity from an unaffiliated entity.

Consumer Acknowledgment

By signing below you acknowledge receiving a copy of this written disclosure and (except for transactions conducted by mail) that the disclosures were also orally given to you by the Financial Institution.

Dated: _____

(If you have received this disclosure in the mail, please return a signed copy to the Financial Institution.)

Financial Institution Certification

(Check if applicable). The Consumer's application for credit was taken by telephone. The undersigned on behalf of the Financial Institution certifies giving these disclosures orally to the Consumer(s) at the time of application and that an oral acknowledgment of receipt of the disclosures was obtained from the Consumer(s). These disclosures were mailed to the Consumer(s) at the address noted above within 3 business days beginning the first business day after the application was taken, as permitted by federal regulation.

Dated: _____ By: _____