

# BUSINESS CREDIT APPLICATION WITH NOTICE OF APPLICANTS RIGHTS

See Reverse Side for Joint Applicants

APPLICANT NAME AND BUSINESS ADDRESS		LENDER NAME AND ADDRESS	
_____ _____ _____ _____		First Bank & Trust Co. PO Box 580 Duncan, OK 73534  TELEPHONE NUMBER: 580-255-1810  PERSON OR OFFICE TO CONTACT:	
SOCIAL SECURITY OR TAX I.D. NUMBER	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP	BUSINESS PHONE NUMBER	E-MAIL ADDRESS
BRIEF DESCRIPTION OF BUSINESS		OWNERSHIP OF BUSINESS	
AMOUNT OF LOAN REQUESTED	PURPOSE OF LOAN		
REQUESTED REPAYMENT TERMS	SOURCE(S) OF FUNDS TO REPAY LOAN		
DESCRIPTION AND OWNERSHIP OF COLLATERAL OFFERED			

OFFICERS OR PRINCIPALS			
NAME	TITLE	HOME ADDRESS	HOME PHONE NUMBER
		_____ _____	

OUR PRINCIPAL FINANCIAL INSTITUTION IS:	SERVICES PRESENTLY USED: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> Safe Deposit <input type="checkbox"/> Cert. of Deposit	<input type="checkbox"/> Loan <input type="checkbox"/> OTHER FINANCIAL INSTITUTIONS USED:
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OUTSTANDING DEBTS OF APPLICANT (List All)				
TO WHOM DUE - INDICATE ADDRESS	DATE OF NOTE	ORIGINAL DEBT	INT. RATE	BALANCE DUE

A complete, current and signed Financial Statement of Applicant must be attached. (Additional data and income information may also be required).

## SIGNATURE

Everything stated in this Application and the Financial Statement of the Applicant attached hereto is correct to the best of undersigned Applicant's knowledge. It is understood that you will retain this Application whether or not it is approved. You are authorized to check credit and business experience and to answer questions about your credit experience with Applicant. The undersigned also acknowledges receipt of a copy of this Application and the Notice of Right to Request Specific Reason(s) for Credit Denial on the reverse side hereof.

_____	_____	_____
APPLICANT'S SIGNATURE	TITLE	DATE

CO-APPLICANT NAME AND BUSINESS ADDRESS		JOINT APPLICANT STATEMENT
_____ _____ _____ _____		If you intend to apply for joint credit, please initial here:  _____ <div style="display: flex; justify-content: space-around;"> <span>Applicant</span> <span>Co-Applicant</span> </div>
SOCIAL SECURITY NUMBER	BUSINESS PHONE NUMBER	DESCRIPTION/OWNERSHIP OF COLLATERAL
SOURCE(S) OF FUNDS TO REPAY LOAN		

OUTSTANDING DEBTS OF CO-APPLICANT (List All)				
TO WHOM DUE - INDICATE ADDRESS	DATE OF NOTE	ORIGINAL DEBT	INT. RATE	BALANCE DUE

A complete, current and signed Financial Statement of Co-Applicant must be attached. (Additional data and income information may also be required).

**SIGNATURE**

Everything stated in this Application and the Financial Statement of the Co-Applicant attached hereto is correct to the best of undersigned Co-Applicant's knowledge. It is understood that you will retain this Application whether or not it is approved. You are authorized to check credit and business experience and to answer questions about your credit experience with Co-Applicant. The undersigned also acknowledges receipt of a copy of this Application and the Notice of Right to Request Specific Reason(s) for Credit Denial.

\_\_\_\_\_  
*APPLICANT'S SIGNATURE*

\_\_\_\_\_  
*DATE*

**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.

**NOTICE OF RIGHT TO REQUEST SPECIFIC REASON(S) FOR CREDIT DENIAL**

If your Application for Business Credit should be denied, you have the right to a written statement of the specific reason(s) for such denial. To obtain the Statement of Reason(s), please contact the individual or office listed under Lender Name and Address on inverse side of this form within 60 days from the date you are notified of our decision.

We will provide you with a written statement of reasons for denial within 30 days from the date of receipt of your request.

**EQUAL CREDIT OPPORTUNITY ACT NOTICE**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with law concerning this creditor is:

FDIC Consumer Response Center  
2345 Grand Boulevard, Suite 100  
Kansas City, Missouri 64108