



# CREDIT APPLICATION

<b>LOAN REQUEST</b>	Received by: _____	Date Received: _____
Check Appropriate Box <input type="checkbox"/>	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 request credit is to be secured, also complete Section D.	
<input type="checkbox"/>	If you are applying for joint credit with another person complete all Sections except D, providing information in it about the joint applicant. If the requested credit is to be secured, then complete Section D. We intend to apply for joint credit: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Applicant</span> <span>Co-Applicant</span> </div>	
<input type="checkbox"/>	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 D to the extent possible, providing information in B about the person on whose alimony, supports, or maintenance payments or income or assets you are relying. If the requested credit is to be secured, then complete Section D.	

Amount Requested \$ \_\_\_\_\_ Term: # Months \_\_\_\_\_ Proceeds of Credit To be Used For \_\_\_\_\_ Collateral Offered \_\_\_\_\_

**SECTION A – INFORMATION REGARDING APPLICANT**

Full Name (Last, First, Middle): \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Social Security No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
 Present Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Previous Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Present Employer: \_\_\_\_\_ Yrs There: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Gross Monthly Income: \$ \_\_\_\_\_ per \_\_\_\_\_ No. Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_  
 Position or Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Previous Employer's Address: \_\_\_\_\_

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 \_\_\_\_\_ Source(s) of other income \_\_\_\_\_

Is any income listed in this Section likely to be reduced before the credit requested is paid off?

- Yes (Explain in detail on separate sheet)     No

Have you ever received credit from us? \_\_\_\_\_ When? \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Institution & Branch \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Institution & Branch \_\_\_\_\_

Nearest relative not living with you \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**SECTION B – INFORMATION REGARDING JOINT APPLICANT OR OTHER PARTY (Use separate sheets if necessary)**

Full Name (Last, First, Middle): \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Relationship to Applicant (if any): \_\_\_\_\_ SS # \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Present Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Present Employer: \_\_\_\_\_ Yrs There: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Gross Monthly Income: \$ \_\_\_\_\_ per \_\_\_\_\_ No. Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_  
 Position or Title: \_\_\_\_\_ Name of supervisor: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Previous Employer's Address: \_\_\_\_\_

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 \_\_\_\_\_ Source(s) of other income \_\_\_\_\_

Is any income listed in this Section likely to be reduced before the credit request is paid off?

- Yes (Explain in detail on separate sheet)     No

Checking Account #: \_\_\_\_\_ Institution & Branch \_\_\_\_\_

Savings Account #: \_\_\_\_\_ Institution & Branch \_\_\_\_\_

Nearest relative not living with you \_\_\_\_\_ Phone #: \_\_\_\_\_

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 that 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 this law concerning this creditor is FDIC, 1100 Walnut St, Box #11, Kansas City, MO 64106.

<p><b>Flathead Bank Locations</b></p> <p>800 Grand Avenue Bigfork, MT 59911 406-837-1600 fax: 406-837-0140</p> <p>7265 Hwy 93 Lakeside, MT 59922 406-844-2535 fax: 406-2588</p> <p>120 Hutton Ranch Rd. Kalispell, MT 59901 406-752-4050 fax: 406-752-4089</p>	<p><b>Bank of Glacier County</b></p> <p>24 E. Main Street Cut Bank, MT 59427 406-873-2265 fax: 406-873-4276</p>	<p><b>Valley Bank Locations</b></p> <p>98 N. Broadway Belgrade, MT 59714 406-388-4283 fax: 406-388-6723</p> <p>118 Williams Street Ennis, MT 59729 406-682-3124 fax: 406-682-3125</p>
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www.flatheadbank.com

www.bankofglaciercounty.com

www.valleybank.us

**SECTION C – ASSET AND 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		LIABILITIES			
Description	Cash or Market Value	Creditors' Name, Address & Account Number	Acct. Name if Not Borrower's	Mo. Pmt & Mo left to pay	Unpaid Balance
Checking & Savings Accounts at Flathead Bank	\$	Installment Debts (Include "revolving" charge accounts)		\$Pmt/ Mos /	
Checking & Savings Elsewhere				/	
Stocks & Bonds (# / Description)				/	
Life Insurance Net Cash Value Face Amount \$				/	
<b>SUBTOTAL LIQUID ASSETS</b>	\$	Automobile Loans		/	
Automobiles (Make & Year)				/	
Vested Interest in Retirement Fund		Other Debts (Ex: Income Tax owing or single payment notes)			
Net Worth of Business Owned (Attach Financial Statement)		Real Estate Debt or Rental Expense		/	
Real Estate Owned					
Furniture & Personal Property		Alimony, Child Support and Separate Maintenance Payments Owed to			
Other Assets (itemize)				/	
		<b>TOTAL MONTHLY PAYMENTS</b>		\$	
<b>TOTAL ASSETS</b>	<b>A</b> \$	<b>NET WORTH (A minus B) \$</b>		<b>TOTAL LIABILITIES</b>	<b>B</b> \$

**LIST PREVIOUS CREDIT REFERENCES**

B – Borrower C – Co Borrower	Creditor's Name & Address	Account Number	Purpose	Highest Balance	Date Paid

List any additional names under which credit has previously been received

Are you a co-maker, endorser, or guarantor on any loan or contract?  Yes  No

If Yes, for whom? \_\_\_\_\_ To Whom? \_\_\_\_\_

Are there any unsatisfied judgements against you?  Yes  No If Yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Have you declared bankruptcy in the last 10 years?  Yes  No If Yes, where? \_\_\_\_\_

Do you have any contingent liabilities such as pending lawsuits or leases? Describe: \_\_\_\_\_

**SECTION D – SECURED CREDIT** (Complete only if credit is to be secured). Briefly, describe the property to be given as security:

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** \_\_\_\_\_ **CO-APPLICANT** \_\_\_\_\_

Date

Date

\*\*\* FOR BANK USE ONLY \*\*\*

CUSTOMER IDENTIFICATION					
Existing Customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of document(s) used to verify the customer's identity			
	Document Type	ID Number	Place of Issuance	Date of Issuance	Expiration Date
Applicant					
Co-Applicant					
Description of the method(s) and results of any non-documentary measures used to verify customer identity:					
Description of any substantive discrepancy between the identifying information provided by the "Customer" and that found in identifying methods. Please note how the discrepancy was resolved:					
Employee verifying Customer Identity	Employee Signature			Date Verified	