

- Individual Secured Installment Loan
 Joint Unsecured Installment Load Unsecured Fontenac Bank Cash Reserve (Overdraft Protection)

We intend to apply for Joint Credit _____ Applicant _____ Co-Applicant _____

1. Tell us about your request. If for installment loan, purpose of loan is to:	If credit will be secured, describe collateral offered				
<input type="checkbox"/> Purchase Auto <input type="checkbox"/> Refinance Auto <input type="checkbox"/> Purchase Boat <input type="checkbox"/> Refinance Boat <input type="checkbox"/> Pay Educational Expenses <input type="checkbox"/> Consolidate Debts <input type="checkbox"/> Other _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Amount Requested</td> <td style="width:40%;">Term Requested in Months</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table>	Amount Requested	Term Requested in Months	\$ _____	_____
Amount Requested	Term Requested in Months				
\$ _____	_____				

2. Tell us about yourself.

Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	Residential Status: <input type="checkbox"/> Live with Parents/Relatives <input type="checkbox"/> Homeowner <input type="checkbox"/> Rent <input type="checkbox"/> Other
Current Address: Street	City	State	Zip
		Date Moved to Address	Home Phone Number
		Month Year	()
Complete if Moved to Current Address Less Than 2 Years Ago:	Previous Address: Street	City	State Zip
		Date Moved to Previous Address	
		Month Year	
Mortgage Holder or Landlord	Mortgage or Rent Payment	Mortgage Balance (if homeowner)	Estimated Value of Home
	\$ _____ per Month	\$ _____	\$ _____
Nearest Relative Not Living with You	Relationship to You	Home Phone Number	
		()	
Current Employment Information	Employer Name	Current Position/Title	
<input type="checkbox"/> Employed <input type="checkbox"/> Homemaker	Date Started with Current Employer	Number of Years in Current Profession	Work Phone Number
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Student	Month Year		()
<input type="checkbox"/> Retired <input type="checkbox"/> Other _____	*Gross (Before Tax) Income Sources		
(If Self-Employed attach 2 years tax returns)	<input type="checkbox"/> Salary \$ _____ How Often? _____ <input type="checkbox"/> Bonus \$ _____ How Often? _____ <input type="checkbox"/> Commission \$ _____ How Often? _____ <input type="checkbox"/> Other Sources \$ _____ How Often? _____ Specify Sources _____		

*Notice: Alimony, child support, or separate maintenance need not be revealed if you do not want it considered as a basis for repaying this obligation.

3. Tell us about the co-applicant, if this is a joint application.

Co-Applicant Name (First, Middle Initial, Last)	Social Security Number	Date of Birth	Home Phone Number
			()
Current Address: Street	City	State	Zip
		Date Moved to Address	
		Month Year	
Complete if Moved to Current Address Less Than 2 Years Ago:	Previous Address: Street	City	State Zip
		Date Moved to Previous Address	
		Month Year	
Current Employment Information	Employer Name	Current Position/Title	
<input type="checkbox"/> Employed <input type="checkbox"/> Homemaker	Date Started with Current Employer	Number of Years in Current Profession	Work Phone Number
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Student	Month Year		()
<input type="checkbox"/> Retired <input type="checkbox"/> Other _____	*Gross (Before Tax) Income Sources		
(If Self-Employed attach 2 years tax returns)	<input type="checkbox"/> Salary \$ _____ How Often? _____ <input type="checkbox"/> Bonus \$ _____ How Often? _____ <input type="checkbox"/> Commission \$ _____ How Often? _____ <input type="checkbox"/> Other Sources \$ _____ How Often? _____ Specify Sources _____		

*Notice: Alimony, child support, or separate maintenance need not be revealed if you do not want it considered as a basis for repaying this obligation.

4. Tell us about your bank accounts. Also include those of the co-applicant, if this is a joint application. (Attach an additional sheet if necessary).

Account Type	Bank Name (Financial Institution Only)	Current Balance	Account Ownership
<input type="checkbox"/> Checking		\$ _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
<input type="checkbox"/> Savings		\$ _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
<input type="checkbox"/> CD, IRA, or Other		\$ _____	<input type="checkbox"/> Individual <input type="checkbox"/> Joint

5. Tell us about your debts. Also include those of the co-applicant, if this is a joint application. (Attach an additional sheet if necessary).

Name of Company You Owe	Type of Debt You Owe (Credit Card, Credit Line, Loan, Mortgage, etc.)	Current Balance Outstanding	Credit Limit or Original Loan Amount	Minimum Monthly Payment	Indicate if Owed Individually (I) or Jointly (J)	Check (✓) if Paying Off with this Credit Request
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		
		\$	\$	\$		

6. My/Our Total Assets \$ _____ minus Total Debts \$ _____ equals Net Worth \$ _____

7. Tell us about the Vehicle, Boat, or Mobile Home you are offering as collateral, if applicable.

Year	Make and Model	Vehicle Mileage	Vehicle Options	Boat Type <input type="checkbox"/> Power <input type="checkbox"/> Sail
Boat Size	Boat Engine Make	Engine HP	Engine Type <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard	
Mobile Home Type <input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide	Is mobile home or boat your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the mobile home be permanently affixed to land? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you own the land where it will be placed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List the location where the mobile home will be placed

Street	City	State	County	Zip
If purchasing the vehicle, boat, or mobile home, name of owner purchasing from				Purchase Price \$

8. Tell us about the Stocks, Bonds, Mutual Funds, Savings, or CD you are offering as collateral, if applicable.

Stock, Bond or Mutual Fund Name	Number of Stock Shares	Value per Share of Stock \$	Value of Mutual Funds \$	Face Value of Bonds \$
CUSIP Numbers				
Where Stock Traded <input type="checkbox"/> NYSE <input type="checkbox"/> AMEX <input type="checkbox"/> NASDAQ (OTC) <input type="checkbox"/> Other: _____	Bond Type <input type="checkbox"/> Corporate <input type="checkbox"/> U.S. Government Agency <input type="checkbox"/> State, County, or Municipal <input type="checkbox"/> U.S. Treasury			
<input type="checkbox"/> Savings Account	Bank Name	Account Number	Amount \$	
<input type="checkbox"/> CD	Bank Name	Account/Certificate Number	Amount \$	

9. Tell us about Other Collateral you are offering, if applicable.

Aircraft Camper/Recreational Vehicle Equipment (describe) _____ Other (describe) _____

10. Tell us about your marital status IF your credit request will be secured.

Applicant is Married Unmarried Separated
Co-Applicant is Married Unmarried Separated

11. Tell us if you are interested in additional features with your credit request.

For Loans and CreditLines:

I want to make my payments automatically from (please attach a deposit slip or voided check for the account to be drafted):
 my checking account # _____
 my Frontenac savings account # _____

For Cash Reserve Only:

I want to have Overdraft Protection, linked to my Frontenac account # _____

12. Signature

Everything that I (we) have stated in this application is correct to the best of my (our) knowledge. I (we) understand that you will retain this application whether or not it is approved. You are authorized to check my (our) credit and employment history and to answer questions about your credit experience with me (us). You are also authorized to furnish to Frontenac Bank or any of its subsidiaries information which I (we) have provided to you and information regarding my (our) accounts. If this is an application for a Frontenac Bank (unsecured line of credit), then I (we) acknowledge receipt of and agree to the terms of the Frontenac Bank Agreement and Disclosure Booklet.

Applicant's Signature

Date

Co-Applicant's Signature (if applicable)

Date

For Bank Use Only

This application was taken by Face to Face Interview Mail Telephone

Date Received

Interviewer

Interviewer's Phone Number