



Retail Loan Application

THE Farmers Bank

The Farmers Bank, Frankfort, IN
9 E. Clinton St.
Frankfort, IN 46041
765-654-8731 "Lender"

Amount Requested: _____
Payment Date: _____
Purpose: _____

To be completed by Interviewer:	
This application taken by:	
<input type="checkbox"/>	Face to Face Interview
<input type="checkbox"/>	Mail
<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Internet

Please tell us about yourself and co-applicant, if applicable

Applicant's Name				Co-Applicant's Name			
Home Address			Yrs/Mos	Home Address			Yrs/Mos
City, State, Zip			County	City, State, Zip			County
Email Address			Cell Phone No.	Email Address			Cell Phone No.
Social Security Number		Home Phone	Date of Birth	Social Security Number		Home Phone	Date of Birth
Driver's License No.		Issue Date	Expiration Date	Driver's License No.		Issue Date	Expiration Date
Employer Name <input type="checkbox"/> <<<< Check if Self-Employed				Employer Name <input type="checkbox"/> <<<< Check if Self-Employed			
Business Address			Yrs/Mos	Business Address			Yrs/Mos
City, State, Zip			Business Phone No.	City, State, Zip			Business Phone No.
Position		Personal Monthly Income \$		Position		Personal Monthly Income \$	
Other Income \$		Source		Other Income \$		Source	
Previous Employer			Yrs/Mos	Previous Employer			Yrs/Mos
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: <input type="checkbox"/> court order; <input type="checkbox"/> written agreement; <input type="checkbox"/> oral understanding.				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: <input type="checkbox"/> court order; <input type="checkbox"/> written agreement; <input type="checkbox"/> oral understanding.			
Name of Nearest Relative Not Living With You		Address		Phone Number		Relationship	

About Your Existing Loans and Accounts

<input type="checkbox"/> Rent Home	Monthly Mortgage or Rent Payment	Balance Owning	Estimated Present Value	Dated Purchased
<input type="checkbox"/> Own Home	\$	\$	\$	
Name and address of mortgage holder or Landlord:				

Name of My Bank	Checking Acct. Number	Savings Acct. Number
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Have you ever had a judgment filed against you or declared bankruptcy? Yes No yes, the date?

Collateral Description		Loans and Other Obligations	
Unsecured Loan Request _____	Monthly child support or separate maintenance payments	\$	_____
Vehicle Loans:	Credit Cards	Balance	Monthly Payments
Make: _____	Name _____	\$ _____	\$ _____
Model: _____	Name _____	\$ _____	\$ _____
VIN: _____	Auto Loans		
Mileage: _____	Name _____	\$ _____	\$ _____
Insurance Carrier _____	Name _____	\$ _____	\$ _____
Other Secured:	Real Estate Loans (not shown above)		
Description: _____	Name _____	\$ _____	\$ _____
_____	Name _____	\$ _____	\$ _____
_____	Unsecured & Other Debts		
_____	Name _____	\$ _____	\$ _____

Application Insurance Disclosure

- An insurance product offered by Lender is not a deposit or other obligation of, or guaranteed by, Lender or an affiliate of Lender.
- This insurance is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States*, Lender or an affiliate of Lender.
- Lender may not condition an extension of credit on either:
 - Applicant's purchase of an insurance product or annuity from Lender or any of its affiliates, or;
 - Applicant's agreement NOT to obtain, or a prohibition on applicant from obtaining, and insurance product or annuity from an unaffiliated entity.
- By signing below I acknowledge that the Lender has provided this disclosure to me orally, unless I have applied for credit by mail or electronically.

I/We represent that this application is complete and accurate and fully reflects my/our financial condition on the date shown below.
I/We authorize lender to obtain a credit report and any other information it deems necessary about my/our credit worthiness. I/We agree to notify Lender immediately, in writing, of any adverse changes in my/our financial condition. I/We understand that Lender will retain this Application whether or not it is approved. Lender may share transaction and experience information about me/us with its affiliates/subsidiaries.
 Lender does not share other information such as application or consumer credit report. Lender may share other information such as application or consumer report information unless I/We direct Lender not to do so by initialing here. _____

We intend to apply for joint credit. _____ Applicant _____ Co-Applicant

x _____ Date: _____ x _____ Date: _____
Applicant's Signature Co-Applicant's Signature

10/24/2016

To be completed by Loan Originator

Loan Originator's Signature	Date	
Loan Originator's Name (Print or Type)	Loan Originator Identifier	Loan Originator's Phone Number 765-654-8731
Loan Origination Company's Name The Farmers Bank	Loan Origination Company Identifier 491618	Loan Origination Company's Address 9 E Clinton St. Frankfort, IN 46041