



**INDIVIDUAL INFORMATION**

<b>Name</b>	Social Security Number	Employer	Years
Home Address	Phone ( )	Date of Birth	Occupation Years Position Years
City/State/Zip	No. of Dependents	Driver's License No. & State	Business Address Phone ( )

**JOINT 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

<b>Joint Name</b>	Social Security Number	Employer	Years
Home Address	Phone ( )	Date of Birth	Occupation Years Position Years
City/State/Zip	No. of Dependents	Driver's License No. & State	Business Address Phone ( )

**CREDIT REQUEST**

Amount: \$	Check box to indicate the type of account you are requesting. <input type="checkbox"/> Individual Credit - relying solely on my income or assets <input type="checkbox"/> Individual Credit - relying on my income and assets as well as income or assets of another <input type="checkbox"/> Joint Credit - We intend to apply for joint credit. (initials) _____
Collateral:	
Purpose:	

**ASSETS**

**LIABILITIES**

Cash on hand, and in Banks	\$	Notes Payable to Greenville First (See schedule No. 5)	\$
Deferred Comp. & Retirement Plans (See schedule No. 1)		Notes Payable to Other Banks (See schedule No. 5)	
Stocks and Securities (Please attach brokerage statement(s))		Notes Payable to Others, Unsecured (See schedule No. 5)	
Cash Surrender Value Life Insurance (Do not deduct loans)(See schedule No 2)		Notes Payable to Others, Secured (See schedule No. 5)	
Accounts, Loans, and Notes Receivable		Loans Against Life Insurance (See schedule No. 2)	
Automobiles		Credit Card Debt (See schedule No. 6)	
Real Estate - Primary Residence (See schedule No. 4)		Taxes and Assessments Payable (Attach Details)	
Real Estate - Other (See schedule No. 4)		Mortgages Payable on Real Estate (See schedule No. 4)	
Personal Property Other Assets (Itemize)		Accounts Payable	
		<b>Total Liabilities</b>	\$
		<b>Net Worth</b>	\$
<b>Total Assets</b>	\$	<b>Total Liabilities and Net Worth (Equals Total Assets)</b>	\$

**GENERAL INFORMATION**

(Please attach details for each "Yes" response)

Do you have contingent liability as a guarantor or co-maker? <input type="checkbox"/> No <input type="checkbox"/> Yes	Personal bank accounts at:
Are you obligated to make Alimony, support or maintenance payments? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever applied for credit with Greenville First Bank? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you ever taken bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes

I certify that everything I have stated on this form and on any attachments is accurate. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request.

<b>Signature</b>	Date	<b>Signature</b>	Date	Received by:
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INCOME			
INDIVIDUAL		JOINT OR OTHER PARTY	
Salary	\$	Salary	\$
Bonus and Commissions	\$	Bonus and Commissions	\$
Dividends	\$	Dividends	\$
Real Estate Income	\$	Real Estate Income	\$
<b>Notice:</b> Alimony, child support, separate maintenance income need not be revealed if it is not considered as a source of repayment.			
Other Income	\$	Other Income	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding			
Is any income listed in this Section likely to be reduced before this credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Schedule 1 Deferred Compensation & Retirement Plans*						
Trustee or Plan Administrator	Acct Type	Beneficiary	Value	Loans	Net Value	In Name of
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

\*Includes I.R.A. Accounts, KEOGH, 401K, Fully Vested Benefit Plans, etc.

Schedule 2 Life Insurance and Annuities* (Attach schedule if desired)							
Company	Insured	Face	Beneficiary Amount	Cash Value	Loans	Net Value	Pledged?
			\$	\$	\$	\$	Y / N
			\$	\$	\$	\$	Y / N
			\$	\$	\$	\$	Y / N

\*Includes Employer Provided Insurance

Schedule 3 Long Term Disability Insurance (Attach schedule or benefit statements if desired)					
Insurance Company	Monthly Benefit	Period	Premium	Tax Free?	COLA?
	\$		\$	Y / N	Y / N
	\$		\$	Y / N	Y / N

Schedule 4 Real Estate Owned* (Attach schedule if desired)								
Address/Description	Acquired Year	Cost	Value	Lienholder	Mortgage	Mo. Payment	Interest Rate	Ownership
		\$	\$		\$	\$	%	%
		\$	\$		\$	\$	%	%
		\$	\$		\$	\$	%	%
		\$	\$		\$	\$	%	%

\*Includes Partnerships and LLCs

Schedule 5 Notes Payable (Exclude mortgages listed in Schedule 4)							
Due to	Collateral	Original Loan	Balance	Interest Rate	Terms	Maturity	Mo. Payment
		\$	\$	%			\$
		\$	\$	%			\$
		\$	\$	%			\$
		\$	\$	%			\$

Schedule 6 Credit Card Accounts					
Credit Card Company	Limit	Balance	Credit Card Company	Limit	Balance
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$