



INDIVIDUAL INFORMATION

Name		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

Joint Name		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	
		Total Liabilities	\$
		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth (Equals Total Assets)	\$

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.

Signature	Date	Signature	Date	Received by:
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