

Credit Application

Olpe State Bank
202 Westphalia St.
PO Box 207
Olpe, KS 66865

620-475-3213
620-475-3210 FAX

Important Information to Applicant(s). To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a loan or opens an account. **What this means for you.** When you apply for a loan or open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. **Read each instruction carefully before completing this form.**

Creditor

("You" means Applicant, *et al*; and "We" means Creditor)

For Creditor Use		
Account No.	Class No.	Date Received

1. Type of Application

Check only one of the three types:

- | | |
|---|--|
| <input type="checkbox"/> Individual Credit - You are relying <u>solely</u> on your income or assets.
<input type="checkbox"/> Individual Credit - You are relying on your income or assets as well as income or assets from other sources. | <input type="checkbox"/> Joint Credit - By initialing below, you intend to apply for "joint credit".
Applicant _____ Joint Applicant _____ |
|---|--|

2. Type of Requested Credit

Application Date	Amount \$	Financing Type <input type="checkbox"/> New <input type="checkbox"/> Refinance <input type="checkbox"/> Modification	No. of Months	Repayment Interval <input type="checkbox"/> Monthly <input type="checkbox"/>	First Payment Date
Credit Type <input type="checkbox"/> Line of Credit <input type="checkbox"/> Loan <input type="checkbox"/> Sale <input type="checkbox"/> Lease	Loan Purpose <input type="checkbox"/> Agricultural <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Security for Credit <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured	Proceeds of Credit to Be Used for <input type="checkbox"/> To purchase property that will secure your credit <input type="checkbox"/> To purchase property that is a residential dwelling and is not real estate <input type="checkbox"/> To finance home improvements to a residential dwelling <input type="checkbox"/> Other (<i>describe</i>):		

Applicant

3. Applicant Information

Joint Applicant or Other Party

Full Name (<i>First, Middle, Last</i>)			Full Name (<i>First, Middle, Last</i>)		
Gov't ID Type	Gov't ID No.	Gov't ID Issued By	Gov't ID Type	Gov't ID No.	Gov't ID Issued By
Gov't ID Issue Date	Gov't ID Exp. Date	Date of Birth	Gov't ID Issue Date	Gov't ID Exp. Date	Date of Birth
Soc. Sec. No.	Primary Phone <input type="checkbox"/> Cell	Second Phone <input type="checkbox"/> Cell	Soc. Sec. No.	Primary Phone <input type="checkbox"/> Cell	Second Phone <input type="checkbox"/> Cell
Email Address:			Email Address:		
Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:			Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:		
Previous Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:			Previous Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:		
Dependents No.: Ages:			Dependents No.: Ages:		
Nearest Relative (<i>not living with you</i>) Name: Address: , , Telephone: <input type="checkbox"/> Cell			Nearest Relative (<i>not living with you</i>) Name: Address: Telephone: <input type="checkbox"/> Cell		
Your Relationship to us (or our affiliate) <input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Insider (Shareholder, Director, Officer)			Your Relationship to us (or our affiliate) <input type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Insider (Shareholder, Director, Officer)		
Have you ever received credit from us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: office/branch:			Have you ever received credit from us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: office/branch:		



Applicant	5. Employment Information	Joint Applicant or Other Party
1st Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:	1st Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:	1st Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:
2nd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:	2nd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:	2nd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:
3rd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:	3rd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:	3rd Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone: Gross Monthly Salary/Comm.: \$ Position/Title:

Applicant	6. Other Income	Joint Applicant or Other Party
Alimony, child support, or separate maintenance income <u>need not</u> 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 <u>need not</u> 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 <u>need not</u> 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
Other Income: \$ _____ per Month Source:	Other Income: \$ _____ per Month Source:	Other Income: \$ _____ per Month Source:
Is any income listed in Sections 4, 5 or 6 likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes (Explain in section 10.) <input type="checkbox"/> No	Is any income listed in Sections 4, 5 or 6 likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes (Explain in section 10.) <input type="checkbox"/> No	Is any income listed in Sections 4, 5 or 6 likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes (Explain in section 10.) <input type="checkbox"/> No

Applicant	7. Other Obligations	Joint Applicant or Other Party
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount: \$ For whom: To whom:	Are you a co-maker, endorser, co-signer, surety, or guarantor on any loan, contract or other obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount: \$ For whom: To whom:
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:	Are there any unsatisfied judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where: Year:	Have you been declared bankrupt in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where: Year:
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:	Are you obligated to make Alimony, Support or Maintenance Payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:

8. Property Information (if secured)		
Property Type <input type="checkbox"/> Boat or Vessel <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Deposit Account <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Motor Vehicle <input type="checkbox"/>	Property Description <input type="checkbox"/> Residential Dwelling <input type="checkbox"/> Homestead Property	Property Location and Address
Primary Use of Property <input type="checkbox"/> Agricultural <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Property Owner(s) Names & Addresses	



Applicant	9. Marital Status	Joint Applicant or Other Party
<p><i>Leave blank, unless:</i></p> <p>(1) <i>the credit will be secured, or</i> (2) <i>you reside in a community property state, or</i> (3) <i>you are relying on property, located in a community property state, as a basis for repayment.</i></p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <i>(including single, divorced, widowed)</i></p>		<p><i>Leave blank, unless:</i></p> <p>(1) <i>the credit will be secured, or</i> (2) <i>you reside in a community property state, or</i> (3) <i>you are relying on property, located in a community property state, as a basis for repayment.</i></p> <p><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <i>(including single, divorced, widowed)</i></p>

10. Additional Information or Explanations

11. Notices

California Residents. Each applicant, if married, may apply for a separate account.

New York Residents. A consumer report may be ordered in connection with your application. Upon your request, we will inform you whether or not a report was ordered. If a report was ordered, we will tell you the name and address of the consumer reporting agency that provided the report. Subsequent reports may be ordered or utilized in connection with an update, renewal or extension of credit for which you have applied.

Ohio Residents. The Ohio laws against discrimination require all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.
 Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Texas Residents. The owner of the homestead is not required to apply the proceeds of the extension of credit to repay another debt except debt secured by the homestead or debt to another lender.

Wisconsin Residents. Notice to Married Applicants. No provision of any marital property agreement, unilateral statement under Wisc. Statutes § 766.59 or a court decree under Wisc. Statutes § 766.70 adversely affects the interests of the Creditor unless the Creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the Creditor is incurred.
 For Married Wisconsin Residents. The credit being applied for, if granted, will be incurred in the interest of my marriage or family. I understand the Creditor may be required by law to give notice of this transaction to my spouse.

12. Certifications, Authorizations and Signatures

You certify that everything you have stated in this Credit Application and on any other documents submitted to us are true and correct to the best of your knowledge. You understand that you must update the information contained in this Credit Application if either your financial condition materially changes or we make a request to you orally or in writing. You understand that we will retain this Credit Application whether or not it is approved.

You authorize us to request one or more consumer reports, to check and verify your credit and employment history, and to answer questions others may ask us about our credit experience with you.

You authorize us to contact you using any of the telephone numbers listed on this Credit Application or that you subsequently provide us in connection with your credit account - regardless whether the number we use is assigned to a paging service, cellular telephone service, specialized mobile radio service, other radio common carrier service or any other service for which you may be charged for the call. You further authorize us to contact you through the use of voice, text and email and through the use of prerecorded/artificial voice messages or an automatic dialing device.

Electronic Signature. If checked, You further agree that you have signed this *Credit Application* with one or more electronic signatures. You intend your electronic signature to have the effect of your written ink signature. You viewed and read the entire *Credit Application* and notices before you signed it. You received a paper copy of this *Credit Application* after it was signed. You understand that this *Credit Application* is in the electronic form that we will keep. We may rely on, and enforce, this *Credit Application* in the electronic form or as a paper version of the electronic form.

<u>Applicant Signature</u>	<u>Date</u>	<u>Joint Applicant, or Other Party, Signature</u>	<u>Date</u>
		<i>(if applicable)</i>	

Notice: It is a federal crime punishable by fine, imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code § 1001, *et seq.*

Mortgage Loan Originator Information

If this *Credit Application* is secured by a consumer's residential dwelling that is owned by you, we may be required under federal or state law to disclose our mortgage loan origination identification number(s), which are as follows, if applicable:

- ◆ Mortgage Loan Originator Name and Identifier:
- ◆ Mortgage Loan Origination Company Name and Identifier:

For Creditor Use					
Date Received	Received By	Date Action Taken	Action Taken By	Action Taken	Reason Code(s)



Credit Application Addendum Continuation Form

Creditor

("You" means Applicant, *et al*; and "We" means Creditor)

1. Cross-Reference to Credit Application

Application Date	Account No.	Class No.
Applicant Full Name (First, Middle, Last)		Co-Applicant / Joint Applicant Full Name (First, Middle, Last)
Applicant Present Address		Co-Applicant / Joint Applicant Present Address

2. Other Non-Applicant Parties

<i>Complete this Section 2 (incl. subsections A, B, C) for parties who are not Applicants. Additional Applicants should complete a separate loan application.</i>					
Party Type <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor			Party Type <input type="checkbox"/> Co-Signer <input type="checkbox"/> Guarantor		
Full Name (First, Middle, Last)			Full Name (First, Middle, Last)		
Gov't ID Type	Gov't ID No.	Gov't ID Issued By	Gov't ID Type	Gov't ID No.	Gov't ID Issued By
Gov't ID Issue Date	Gov't ID Exp. Date	Date of Birth	Gov't ID Issue Date	Gov't ID Exp. Date	Date of Birth
Soc. Sec. No.	Primary Phone <input type="checkbox"/> Cell	Second Phone <input type="checkbox"/> Cell	Soc. Sec. No.	Primary Phone <input type="checkbox"/> Cell	Second Phone <input type="checkbox"/> Cell
Email Address:			Email Address:		
Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:			Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> No. of Yrs.:		

A. Employment

Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone Gross Monthly Salary/Comm.: \$ Position/Title:	Employer: <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> Self No. of Yrs.: Name: Address: Mgr.: Phone Gross Monthly Salary/Comm.: \$ Position/Title:
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B. Other Income

Alimony, child support, or separate maintenance income <u>need not</u> 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 <u>need not</u> 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
Other Income \$ _____ per Month Source:	Other Income \$ _____ per Month Source:
Is any income listed in subsections A or B or in section titled "Assets and Debt Information" on next page likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes (Explain on next page) <input type="checkbox"/> No	Is any income listed in subsections A or B or in section titled "Assets and Debt Information" on next page likely to be reduced before the credit is paid off: <input type="checkbox"/> Yes (Explain on next page) <input checked="" type="checkbox"/> No

C. Other Obligations

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount: \$ For whom: To whom:	Are you a co-maker, endorser, co-signer, surety, or guarantor on any loan, contract or other obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount: \$ For whom: To whom:
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:	Are there any unsatisfied judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where: Year:	Have you been declared bankrupt in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where: Year:
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:	Are you obligated to make Alimony, Support or Maintenance Payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount per month: \$ To whom:

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. **FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

- 1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
- 2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date or within three (3) days if I have applied by telephone. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

BORROWER:

_____ Date _____
Individually

_____ Date _____
Individually

COSIGNER:

_____ Date _____
Individually

For Telephone Applications Only:

As an authorized representative of Lender, I confirm that I have made the above Credit Application Insurance Disclosures orally to the Applicant(s) and that the receipt of the oral disclosures were acknowledged orally by the Applicant(s). I also confirm that I have mailed to the Applicant(s) the above Credit Application Insurance Disclosures within three (3) days beginning the first business day after the application is taken, excluding Sunday and federal public holidays.

Authorized Representative (Date)

