

**FINANCIAL STATEMENT
ACCOUNT APPLICATION**

808 W Main Street, Livingston, TN 38570 (931) 823-5648
1450 Neal Street, Cookeville, TN 38501 (931) 526-4800
123 North Willow Avenue, Cookeville, TN 38501



You are applying for a loan with a Lender. In connection with your application, Lender may solicit, offer or sell you an insurance product or annuity. This notice is given to advise you of information related to any insurance product or annuity that is offered, solicited or sold in connection with your loan application and available on a voluntary basis through the Lender. Please read carefully before signing. The purchase of any insurance product or annuity through the lender in connection with an extension or credit is NOT required. It is strictly voluntary and is not a factor in obtaining credit. By signing this contract, you acknowledge that you have received an oral disclosure of the statements contained in this notice and that you have been furnished with a copy of this notice and understand its terms.

Signature: _____ **Co applicant Signature:** _____

Consumer Purpose <input type="checkbox"/> Business Purpose <input type="checkbox"/>		Amount:	Date:
Specific Loan Purpose:		Collateral:	
Applicant:	Birth Date: / /	Telephone:	
Street Address:	City: State:	ZIP:	How long?
Previous Address: (If less than 2 years at present address)	City:	State:	ZIP:
No. of dependents: Ages:	Have you applied for credit with us before?	Cell phone:	
Employer:	Position:		
Business Phone:	How long?	Gross Monthly?	
Previous Employer: (If less than 2 years at present job)	Position:	Gross Monthly?	
Driver's License #	Issue Date:	Expiration date:	
Co-applicant:	Birth Date: / /	Telephone:	
Street Address:	City: State:	ZIP:	How long?
Employer:	Position:		
Business Phone:	How long?	Gross Monthly?	
Driver's License #	Issue Date:	Expiration date:	
Other income amount: (bonus, rental, dividend, or interest)	Source:	How often?	

Assets	
Checking & Savings accounts	Balance
	\$
	\$
	\$
Stocks & Bonds (Market Value)	Value
	\$
	\$
Life Insurance (Net Cash Value)	\$
Autos (year and Make)	Value
	\$
	\$
	\$
Vested Interest on Retirement Fund	\$
IRA's	\$
	\$
Real Estate Owned (location)	Value
	\$
	\$
	\$
Other Assets	\$
Total Assets (A)	\$

Liabilities		
(Indicate with a (*) things being paid off with this request)		
Open Charge Accounts	Monthly Payment	Balance
	\$	\$
	\$	\$
	\$	\$
Installment loans		Balance
	\$	\$
	\$	\$
	\$	\$
Auto Loans		Balance
	\$	\$
	\$	\$
Other Loans		
	\$	\$
	\$	\$
	\$	\$
Real Estate Loans		Balance
	\$	\$
	\$	\$
	\$	\$
Rent	\$	
Total Liabilities (B)	\$	\$

NET WORTH: (A) minus (B): \$ _____

Marital Status (complete only for joint or secured credit)	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried
Do you make Alimony, or Support Payments?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Amount: \$
Are you Co-Signer or Guarantor on any other loans?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you declared Bankruptcy in the last ten years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	When:
Are there any unsatisfied Judgments against you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	When:

I/We are applying for?	<input type="checkbox"/> Joint Credit or <input type="checkbox"/> Individual Credit
If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (Initial Below):	
Borrower:	Co-Borrower:

I certify that everything I have stated in this application and on any attachment is correct. I understand that this statement is property of American Bank & Trust. I/we fully understand it is a federal punishable by fine or 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, Section 1014. By signing above I authorize you to check my credit and employment history and to answer any questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Signed:	Date:	Social Sec #:
Signed:	Date:	Social Sec #: