



For your security
 please print and complete this
 form. Then mail or fax it to us.
 You can also call for loans.
 Legal size paper is required.



Ponca - Newcastle - Jackson

BDC Credit Application

IMPORTANT APPLICATION INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. For instance, a credit report may be obtained to verify the information you provide. The information you provide is protected by our privacy law and federal law. Should you have any questions regarding the application or the application process, please feel free to contact us at 877-576-8084.

TYPE OF CREDIT REQUESTED

<input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED	IMPORTANT: Check (x) the appropriate boxes below and complete the applicable sections <input type="checkbox"/> INDIVIDUAL CREDIT - Relying solely on my income or assets. <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (Initial) _____ (Initial) _____
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PART I - APPLICANT INFORMATION

NAME (Last, First, Middle)					
TELEPHONE NO.	SSN	NO. OF DEPENDENTS	AGES OF DEPENDENTS		
ADDRESS			COUNTY	DO YOU <input type="checkbox"/> RENT <input type="checkbox"/> OWN	HOW LONG?
PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT PRESENT ADDRESS)			DID YOU <input type="checkbox"/> RENT <input type="checkbox"/> OWN	HOW LONG?	
EMPLOYER (Company Name & Address)					HOW LONG?
BUSINESS PHONE	EXT.	POSITION OR TITLE	SALARY OR WAGES PER MONTH		
			GROSS: \$	TAKE HOME: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG?
NAME AND ADDRESS OF LIVING RELATIVE NOT LIVING WITH YOU?				RELATIONSHIP	TELEPHONE NO. () -
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					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
DO YOU CURRENTLY HAVE OUR BDC CREDIT CARD? IF NO, DO YOU HAVE OTHER CREDIT WITH BDC? <input type="checkbox"/> NO <input type="checkbox"/> YES-WHEN?					

PART II - CO-APPLICANT 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.

NAME (Last, First, Middle)					
TELEPHONE NO.	SSN	NO. OF DEPENDENTS	AGES OF DEPENDENTS		
RELATIONSHIP TO APPLICANT:			PRESENT ADDRESS	HOW LONG?	
EMPLOYER (Company Name & Address)					HOW LONG?
BUSINESS PHONE	EXT.	POSITION OR TITLE	SALARY OR WAGES PER MONTH		
			GROSS: \$	TAKE HOME: \$	
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					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
DO YOU CURRENTLY HAVE OUR BDC CREDIT CARD? IF YES, DO YOU HAVE OTHER CREDIT WITH BDC? <input type="checkbox"/> NO <input type="checkbox"/> YES-WHEN?					

Complete the following information about both the Applicant and Co-Applicant (if applicable):

Are you obligated to make Alimony, Support, or Maintenance Payments? _____	Amount Per Month \$ _____
If yes, to (Name & Address) _____	
Are you a co-maker, endorser, or guarantor on any loan or contract? _____	Amount Per Month \$ _____
Are there any unsatisfied judgements against you? _____	Amount Per Month \$ _____
Have you ever been declared bankrupt in the last 10 years? _____	Amount Per Month \$ _____

PART III - MARITAL STATUS (Optional)

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/> Unmarried (Including single, divorced, and widowed)
CO-APPLICANT	<input type="checkbox"/>	Married	<input type="checkbox"/>	Separated	<input type="checkbox"/> Unmarried (Including single, divorced, and widowed)

PART IV - REFERENCES

List two personal references (not relatives):

Name	Phone	Relationship	Name	Phone	Relationship
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(Please complete the back. Thank you for your application.)

PCD: Bank (Loan Application)

PART V- ASSET AND DEBT INFORMATION

If Part II has been completed, this Section should be completed giving information about both the Applicant and Co-Applicant or other person. Please mark Applicant-related information with an "A". If Part II was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use Separate sheet if necessary) Description of Assets	Name in Which the Account is Carried	Subject to Debt?	Value
CHECKING ACCOUNT NUMBER(S) (Where)			\$
SAVING ACCOUNT NUMBER(S) (Where)			
OTHER SAVINGS (explain) (Where)			
MARKETABLE SECURITIES (Issuer, type, no. of shares)			
REAL ESTATE (Location, Date acquired)			
LIFE INSURANCE (Issuer, Face Value)			
AUTOMOBILES (Make, Model, and Year) 1.) 2.)			
OTHER			
		TOTAL ASSETS	\$

MONTHLY EXPENSES

Monthly Obligations Description of monthly liabilities	MONTHLY PAYMENTS	Monthly Obligations Description of monthly liabilities	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER:		AUTO & HOUSE INSURANCE(with whom?):	
AUTOMOBILES (describe):		HEALTH & LIFE INSURANCE (with whom?):	
PERSONAL LOAN PAYMENTS (describe):		GROCERIES:	
FURNITURE PAYMENTS (describe):		CELL OR MOBILE PHONE:	
CREDIT CARD PAYMENTS (list):		UTILITIES (list):	
		OTHER (describe):	
TOTAL MONTHLY PAYMENTS (Add both columns)			\$

PART VI - LOAN PURPOSE AND SECURITY (Complete only if credit is to be secured.)

LOAN PURPOSE:	LENGTH OF LOAN:	REPAYMENT OPTIONS: <input type="checkbox"/> MONTHLY <input type="checkbox"/> OPEN Mo. Pymt Date Desired: _____	AMOUNT REQUESTED \$
COLLATERAL DESCRIPTION:			
NAME & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY:			
IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).			

SIGNATURES

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. 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 if my financial condition changes.

_____ Applicant's Signature	_____ Date	_____ Co-Applicant (Where applicable)	_____ Date
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FOR BANK USE ONLY

DATE RECEIVED: _____	ACCT NO. _____
<input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL	APPROVED <input type="checkbox"/> BY: _____
<input type="checkbox"/> UNSECURED <input type="checkbox"/> JOINT	DENIED <input type="checkbox"/> BY: _____
Insurance SL S30E or S14R JL J30E or J14R DOB:	