

# CONSUMER LOAN APPLICATION

## Instructions

This application consists of 4 pages:

Pages 1 and 2: Credit Application

Pages 3 and 4: Credit Application Insurance Disclosure, Customer copy  
Credit Application Insurance Disclosure, Bank copy

### Instructions for completing the application:

1. Fill out the application. Pages 1 and 2 are fillable and may be completed online. You may also print a blank application to complete by hand.
2. Print the Application and Disclosures (4 pages total).
3. Sign and date the completed application and disclosures.

**FORMS CANNOT BE SUBMITTED ELECTRONICALLY**

### Please submit the completed application by either of the following methods:

1. Fax to 816-252-2630.
2. Take your application to any of our 12 convenient locations.

If you have questions, please call customer service at 816-795-9933.

# BLUE RIDGE BANK AND TRUST CO. - CREDIT APPLICATION

**IMPORTANT:** Read these Directions before completing this Application.

Check the Appropriate Box:

Application Date: \_\_\_\_\_

If you are applying for individual credit in your own name and are relying on your own income or assets and not the income of another person as the basis for repayment of the credit requested, complete only Sections A and C.

If you are applying for joint credit with another person, complete all Sections, providing information in B about the joint applicant.

We intend to apply for Joint Credit: \_\_\_\_\_  
Applicant Co-Applicant

If you are applying for individual credit, but are relying on income from alimony, child support or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections, providing information in B about the person whose alimony, support or maintenance payments or income or assets you are relying.

Description of Collateral: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Requested Loan Amount: \_\_\_\_\_ Number of Months: \_\_\_\_\_

Purpose of Loan: \_\_\_\_\_

Trade: \_\_\_\_\_ Cash Down: \_\_\_\_\_

## SECTION A - Information Regarding Applicant

Full Name (Last, First, Middle): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Present Street Address: \_\_\_\_\_ Years at Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Street Address: \_\_\_\_\_ Years at Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Years There: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_ Extension: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Present Gross Salary or Commission: \_\_\_\_\_ Per: \_\_\_\_\_ No. Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Years There: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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: Court Order Written Agreement Oral Understanding

Other income: \_\_\_\_\_ Per: \_\_\_\_\_ Source(s) of Other Income: \_\_\_\_\_

Is any income listed in this Section likely to be reduced before the credit requested is paid off? **Yes** (explain in detail on a separate sheet.) **No**

Have you ever received credit from us? Yes No When? \_\_\_\_\_ Office: \_\_\_\_\_

Checking Account No: \_\_\_\_\_ Institution and Branch: \_\_\_\_\_

Savings Account No: \_\_\_\_\_ Institution and Branch: \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SECTION B - Information Regarding Joint Applicant or Other Party** (Use separate sheets if necessary.)

Full Name (Last, First, Middle): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Present Street Address: \_\_\_\_\_ Years at Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Street Address: \_\_\_\_\_ Years at Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Years There: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_ Extension: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Present Gross Salary or Commission: \_\_\_\_\_ Per: \_\_\_\_\_ No. Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Years There: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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: \_\_\_\_\_ Court Order \_\_\_\_\_ Written Agreement \_\_\_\_\_ Oral Understanding \_\_\_\_\_

Other income: \_\_\_\_\_ Per: \_\_\_\_\_ Source(s) of Other Income: \_\_\_\_\_

Is any income listed in this Section likely to be reduced before the credit requested is paid off? **Yes** (explain in detail on a separate sheet.) **No**

Have you ever received credit from us? Yes No When? \_\_\_\_\_ Office: \_\_\_\_\_

Checking Account No: \_\_\_\_\_ Institution and Branch: \_\_\_\_\_

Savings Account No: \_\_\_\_\_ Institution and Branch: \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SECTION C - Outstanding Debts** (Include charge accounts, installment contracts, credit cards, rent, mortgages, etc. Use separate sheet if necessary.)

Creditor	Type of Debt or Account Number	Name in which Account is Carried	Original Debt Balance	Present Debt Balance	Monthly Payments	Past Due? Yes/No
1	Rent Payment Mortgage					
2						
3						
4						
5						
Total Debts						

**Credit References****Date Paid**

1 \_\_\_\_\_

2 \_\_\_\_\_

Are you a co-maker, endorser, or guarantor on any loan or contract? Yes No

If "Yes", for whom? \_\_\_\_\_ To whom? \_\_\_\_\_

Are there any unsatisfied judgments against you? Yes No

If "Yes" to whom owed? \_\_\_\_\_ Amount: \_\_\_\_\_

Have you been declared bankrupt in the last 14 years? Yes No

If "Yes", where? \_\_\_\_\_ What year? \_\_\_\_\_

Other obligations - (Such as, liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary.)

Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history to answer questions about your credit experience with me.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Other Signature \_\_\_\_\_

Date \_\_\_\_\_



## CREDIT APPLICATION INSURANCE DISCLOSURE

### IMPORTANT

Read carefully and understand this  
Disclosure before signing

In connection with your request for credit application being submitted to Blue Ridge Bank and Trust Co., we are required to disclose that we may solicit, offer to sell, or will sell you an insurance product or annuity with this extension of credit. **FEDERAL LAW PROHIBITS LENDERS FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:**

1. Your agreement to purchase an insurance product from this institution or any of its affiliates; or
2. An agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

By signing below, I acknowledge that you have provided this disclosure to me verbally and in writing on this date. If I received it electronically, I acknowledge I received this disclosure in writing.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Please print name)

**CUSTOMER COPY**



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1. Your agreement to purchase an insurance product from this institution or any of its affiliates; or
2. An agreement not to obtain or prohibit you from obtaining an insurance product or annuity from an unaffiliated entity.

By signing below, I acknowledge that you have provided this disclosure to me verbally and in writing on this date. If I received it electronically, I acknowledge I received this disclosure in writing.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Please print name)

**BANK COPY**