

NEW CUSTOMER: _____
 COPIES: DL _____
 SS _____
 ID MANAGER _____

KARNES COUNTY NATIONAL BANK

301 E. Calvert, Karnes City, TX 78118

DATE RECEIVED: _____
 OFFICER: _____
 Appointment Time: _____

CREDIT APPLICATION

IMPORTANT: Read these directions before completing this application.

PLEASE CHECK APPROPRIATE BOX

Individual If you are applying for individual credit in your own name, and are not married, and are not relying on alimony, child support or separate maintenance payments or on the income or assets of another person as the basis for repayments of the credit request, do not complete the section regarding Spouse, Joint Applicant, User, or Other Party.

Joint In all other situations, complete the section regarding Spouse, Joint Applicant, User or Other Party, or the person whose alimony, support or maintenance payments or income or assets on which you are relying.

 Amount Purpose Term Requested Date of Payment

 Name Age Date of Birth Phone Number

 MAILING ADDRESS City State Zip How Long

 PHYSICAL ADDRESS City State Zip How Long

 Previous Address City State Zip How Long

 Home Phone # Cell Phone #

 Social Security Number Drivers License No. & State

 Present Employer How Long Phone #

 Position or Title Name of Supervisor

 Employers Address Present Salary and/or Commission

 Previous Employment How Long Salary

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment of this obligation.

 Other Income Source No. of Dependents

Information regarding Spouse, Joint Applicant, User or Other Party

_____	_____	_____	_____	
Name	Age	Date of Birth	Phone Number	
_____	_____	_____	_____	
MAILING ADDRESS	City	State	Zip	How Long
_____	_____	_____	_____	
Social Security Number	Drivers License No. & State			
_____	_____	_____	_____	
Present Employer	How Long	Phone #		
_____	_____	_____		
Position or Title	Name of Supervisor			
_____	_____			
Employers Address	Present Salary and/or Commission			

Relatives

1.	_____	_____	_____	_____
	Name	Relationship	Address, City, State & Zip	Phone #
2.	_____	_____	_____	_____
	Name	Relationship	Address, City, State & Zip	Phone #
3.	_____	_____	_____	_____
	Name	Relationship	Address, City, State & Zip	Phone #

Bank References

Checking: _____	_____	_____
Where	Balance	Account Number
Savings: _____	_____	_____
Where	Balance	Account Number

Monthly Budget

Income:		
Wages	\$	_____
Wages	\$	_____
Other	\$	_____
Other	\$	_____
Total Monthly Income	\$	_____
Expenses:		
Home Mortgage/Rent	\$	_____
Vehicle Payments	\$	_____
	\$	_____
Electricity	\$	_____
Gas	\$	_____
Water	\$	_____
Phone	\$	_____
Gas & Car Expenses	\$	_____

Home Insurance	\$ _____
Vehicle Insurance	\$ _____
Life Insurance	\$ _____
Health Insurance	\$ _____
Property Taxes	\$ _____
Credit Card/Charge Account	\$ _____
	\$ _____
	\$ _____
Other Loans	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
Food & Household	\$ _____
Child Care	\$ _____
Medical/Drugs	\$ _____
Miscellaneous	\$ _____
	\$ _____
	\$ _____
Total Monthly Expenses	\$ _____
Net Monthly Income	\$ _____
Debt to Income	_____ %

Have you ever had any suits, judgements, garnishments, or other legal proceedings against you? YES NO

I certify the above information 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 and to answer questions about your credit experience with me.

Applicant's Signature

Date

Co-Applicant's Signature

Date