

CONSUMER CREDIT APPLICATION

- IMPORTANT -

APPLICATION MUST BE SIGNED AND DATED BEFORE SUBMITTING.

Please check the appropriate box regarding yo	ur application fo	or credit.										
☐ Individual If you are applying for ind	ividual credit in	your ow	n n								ther perso	n as the basis f
repayments of the credit req In all other situations, com		-		-						-	n whose s	limany suppa
maintenance payments, inco	ome or assets on v	which yo	u are	e relying.	пс тррі	icarit, O.	301 01	Other Tarty	, 01	the perso	ii wiiose a	иннопу, заррог
AMOUNT REQUESTED PURPOSE OF LO	AN					TE	ERM RE	EQUESTED (MC	ONTH	IS) REQ	UESTED PA	MENT DATE
Repayment Type (How would you like to make payment	ts?)			Loar	n Disburs	ement Typ	e (Hov	would you like	e the	loan disbur	sed?)	
PAYMENT BOOK AUTO DEBI		CASHIE			ASHIER'S (OSIT TO KC	SIT TO KCNB DDA #		
NAME OF APPLICANT (LEGAL NAME)		AGE		DATE OF BIRTH (MI			M/DD/YYYY) SOCIAL SECU		CIAL SECUR	RITY NUMBER		
Mailing Address	City				State		7	ip .			How Long?	
	C.I.J											
Physical Address Same As Mailing	City				State	ate :		Zip			How Long?	
Previous Address (if less than 5 years)	City				State		2	ip.			How Long?	
Primary Contact Number				Email Addre	ess							
Driver's License/State ID Number				loouing Stat			Mori	tal Status				
briver's License/State ib Number				Issuing Stat	e		Iviaii	Married		Unmar	ried	Separated
Current Employer		Job Title	•			Length	of Em	ployment		Current Sa	lary and/or (Commission
Employer Address			Name	e of Supervise	or			Employer Pho	ne N	umber		
Previous Employer		1	Leng	th of Employr	nent			Ending Salary	and	or Commis	sion	
								*O+b b	A/			
Other Income Source*		4	Amoı	unt				*Other Income maintenance i to have it cons	incon	ne need not	be revealed i	f you do not wish
JOINT APPLICANT NAME (LEGAL NAME) (ONLY IF APP	IVING WITH CO-APE	PLICANT)	AGE		DAT	TE OE BIPT	TH (MA	obligation 1/DD/YYYY)			RITY NUMBE	
COUNT ALL EIGANT NAME (EEGAE NAME) (CREET ALL	LING WITH GO ALL	LIOAITI)	AGE		DAI	IL OF BIRT	iii (iviii	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00.	JIAL GLOON		
Mailing Address	City				State		2	ip.			How Long?	
Physical Address Same As Mailing	City				State		-	ri			Ham Lang	
Physical Address Same As Mailing				State			Zip		How Long?			
Previous Address (if less than 5 years)	City				State		7	ip .			How Long?	
, , ,												
Primary Contact Number				Email Addre	ess							
Driver's License/State ID Number				Issuing Stat	е		Mari	tal Status				
							\perp	Married		Unmar	ried	Separated
Current Employer		Job Title)			Length	of Em	ployment		Current Sa	lary and/or (Commission
								- I N				
Employer Address			Name	e of Superviso	or			Employer Pho	ne N	umber		
Previous Employer			enc	th of Employr	ment			Ending Salary	and	or Commis	sion	
r revious Employer		ľ	Leng	a. or Employi	GIII			Lituing Saidly	and	or commis	5.511	
Other Income Source*			Amou	unt				*Other Income	e: Ali	mony, child	support or s	eparate
								maintenance i to have it cons obligation	ncon sidere	те пеед not ed as a basis	be revealed is for repaymi	f you do not wish ent of this

KARNES COUNTY NATIONAL BANK

Consumer Credit Application

DEDOCAL DESERVO	TO MATTE	NAL BANK		COIIS	differ Ore	suit A	pprication	
PERSONAL REFERENCE	5							
Name	Relationship			Address		Phone Number		
Name	Relationship			Address		Phone Number		
Name Relation		Relationship		Address		Phone Number		
FINANCIAL DEFENSA								
FINANCIAL REFERENCE	<u> </u>						_	
Financial Institution Name Account Typ		Account Type		Account Balance		Account Number		
Financial Institution Name Account Type		Account Type		Account Balance		Account Number		
Financial Institution Name Accou		Account Type	ccount Type			Account Number		
MONTHLY INCOME								
MONTHLY INCOME	Mandala Anan	t Description						
	Monthly Amou	unt Description						
Wages	\$							
Wages	\$							
Other	\$							
Other	\$							
Total Monthly Income	\$							
MONTHLY EXPENSES								
	Monthly Amo	ount Description /	Company Name	e / Lender Name				
Home Mortgage/Rent	\$							
Vehicle Payment 1	\$							
Vehicle Payment 2	\$							
Credit Card/Charge Account 1	\$							
Credit Card/Charge Account 2	\$							
Credit Card/Charge Account 3	\$							
Credit Card/Charge Account 4	\$							
Other Loan 1	\$							
Other Loan 2	\$							
Other Loan 3	\$							
Utilities	\$							
Insurance(s)	\$							
Taxes	\$							
Food & Household Expenses	\$							
Child Care	s							
Medical/Prescriptions	\$							
Miscellaneous	\$							
Miscellaneous	\$							
Total Monthly Expenses	\$							
	Have you ev	er had any suits,	judgments	s, or other legal prod ☐ NO	eedings agains	t you?		
I certify the above application whethe	information	is correct to the	e best of	my knowledge. I	understand th	nat KCNB	will retain this	
= =			laumaa::±!	iotomy and to co		iana +1	may suise for	
I authorize KCNB to these inquiries.	о спеск ту	credit and empi	ioyment n	istory, and to ans	wer any quest	ions that	may arise from	
Applicant's Signature			Dat	е	Ê		Member FDIC	
Joint Applicant's Signatu	ıre		Dat	e	LEND	E R		
301 E Calvert Karnes City, Texas 78118				Internal Us	se Only		DATE RCD:	
You can submit this applica	tion to any KCNE	Rocation			llateral Offered: 🔲 V			
			TX DL/S			Cash	OFFICER:	
If you have any questions, p	lease call (830)	/80-3317.	SS Card	1/W9	E	quipment Ione		
Rev. 09-11-2024			L UFAC			TOTIC		