



Herring Bank's

Credit Application

Thank you for downloading our credit application.

Completing this application is your first step to getting pre-approved.

In addition to completing this document, you will need the following:

- A copy of each borrower's Drivers License
- Last 30 days paystubs for each borrower

Note: you may be asked to provide additional items dependent on your situation

You can send the completed application to us through fax, email, or bring it into your local branch. **Contact your local branch for the appropriate fax number or email.**

Grand Prairie Branch

2317 S Belt Line Rd., Grand Prairie, TX 75051
1-214-382-9140

Azle Branch

108 Industrial Ave., Azle, TX 76020
1-817-444-4838

HerringBank.com

Herring Bank | Member FDIC

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law required 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. The information you provide is protected by our privacy policy and federal law.

<p style="text-align: center;">TYPE OF CREDIT REQUESTED</p> <p>IMPORTANT: Check the appropriate boxes below and complete the applicable sections.</p> <p style="text-align: center;"> <input type="checkbox"/> SECURED <input type="checkbox"/> UNSECURED </p> <p> <input type="checkbox"/> INDIVIDUAL CREDIT - Relying solely on my income or assets <input type="checkbox"/> INDIVIDUAL CREDIT - Relying solely on my income or assets as well as income or assets from other sources <input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (Initials) </p>	<p style="text-align: center;">FOR CREDITOR USE</p> <p>DATE _____</p> <p>CLASS NO. _____</p> <p>ACCOUNT NO. _____</p> <p>APPROVED <input type="checkbox"/> BY _____</p> <p>DECLINED <input type="checkbox"/> BY _____</p>
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AMOUNT REQUESTED	TERM	PAYMENT DATE DESIRED	PAYMENT FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____
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PLEASE CHECK BOX APPROPRIATELY

<input type="checkbox"/> New Loan Unsecured	<input type="checkbox"/> Debt Consolidation	<input type="checkbox"/> Renewal of Existing Debt - Add New Money
<input type="checkbox"/> New Loan Request to Purchase	<input type="checkbox"/> Renewal of Existing Debt - No new funds	
<input type="checkbox"/> Refinance Existing Debt not with HB	<input type="checkbox"/> Refinance HB Loan - No New Money	

COLLATERAL DESCRIPTION

USE OF LOAN PROCEEDS:

<input type="checkbox"/> Secured by Identified Collateral	<input type="checkbox"/> Renewal and New Money for:
<input type="checkbox"/> Secured by Other Collateral:	Other: _____

INDIVIDUAL / PRIMARY APPLICANT INFORMATION

NAME (Last, First, Middle): _____

US GOVERNMENT ID NO.:	SOCIAL SECURITY NO.:
BIRTHDATE:	HOME PHONE NO.:
CELL PHONE NO.:	NO. OF DEPENDENTS:
AGES:	ADDRESS (Street, City, State & Zip):

COUNTY:	HOW LONG:	Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent
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PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address):

COUNTY:	HOW LONG:	Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent
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EMPLOYER (Company Name & Address): _____

POSITION OR TITLE:	HOW LONG:
SALARY PER MONTH: GROSS NET	BUSINESS PHONE / EXT:

PREVIOUS EMPLOYER (Company Name & Address): _____ HOW LONG: _____

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU: _____

RELATIONSHIP:	TELEPHONE NO. (Include Area Code):
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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 the obligation.

Alimony, child support, separate maintenance received under: Court Order Written Agreement Oral Understanding

SOURCES OF OTHER INCOME:	AMOUNT PER MONTH:
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Is any income listed in this Section likely to be reduced before the credit request is paid off? NO YES (Explain)

Have you previously received credit from us? NO YES (When?)

SECONDARY APPLICANT / JOINT APPLICANT INFORMATION

NAME (Last, First, Middle):		
US GOVERNMENT ID NO.:		SOCIAL SECURITY NO.:
BIRTHDATE:	HOME PHONE NO.:	CELL PHONE NO.:
NO. OF DEPENDENTS:		AGES:
RELATIONSHIP TO APPLICANT (If Any):		
ADDRESS (Street, City, State & Zip)		
EMPLOYER (Company Name & Address)		
POSITION OR TITLE:		HOW LONG:
SALARY PER MONTH:	GROSS	NET
PREVIOUS EMPLOYER (Company Name & Address):		BUSINESS PHONE / EXT:
HOW LONG:		
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 the 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:
Is any income listed in this Section likely to be reduced before the credit request is paid off? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
Has Joint Applicant or Other Party ever received credit from us? <input type="checkbox"/> NO <input type="checkbox"/> YES (When?)		

MARITAL STATUS

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)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried(including single, divorced, and widowed)

ASSET & DEBT INFORMATION

If the Secondary Applicant/Joint Applicant or other person section has been completed, this part should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A." If Secondary Applicant / Joint Applicant Section 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 ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (Where)			
SAVINGS ACCOUNT NUMBER(S) (Where)			
CERTIFICATE OF DEPOSIT(S) (Where)			
MARKETABLE SECURITIES (Issuer, Type, No. of Shares)			
REAL ESTATE (Location, Date Acquired)			
LIFE INSURANCE (Issuer, Face Value)			
AUTOMOBILES (Make, Model, Year)			
OTHER (List)			
TOTAL ASSETS			\$0.00

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use Separate Sheet if Necessary.)

CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENTS
LANDLORD OR MORTGAGE HOLDER:	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(Omit Rent)	(Omit Rent)	
AUTOMOBILES (Describe):					
TOTAL DEBTS			\$0.00	\$0.00	\$0.00

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments? No Yes

If Yes, to (Name & Address):

Amt. Per Month:

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

If Yes, to Whom?

To Whom?

Are there any unsatisfied judgments against you? No Yes

If Yes, To Whom Owed?

Amount:

Have you been declared bankrupt in the last 10 years? No Yes

If Yes, Where?

Year:

SECURED CREDIT INFORMATION

Complete only if credit is to be secured by real estate. Briefly describe the collateral:

PROPERTY DESCRIPTION:

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY:

IF THE SECURITY IS RAW LAND, GIVE THE FULL NAME OF YOUR SPOUSE IF RESIDING IN A COMMUNITY PROPERTY STATE (if any):

SIGNATURES

I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

Applicant's Signature and Date

Other Signature (Where Applicable) and Date

Revision Date: 10-16-2012

