

IMPORTANT APPLICANT 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. The information you provide is protected by our privacy policy and the federal law.

| | | | | | |
|--|--------------|--------------|--|--|--|
| TYPE OF CREDIT REQUESTED | | | | FOR CREDITOR USE | |
| IMPORTANT: Check (x) the appropriate box below and complete the applicable sections. <input type="checkbox"/> SECURED <input type="checkbox"/> JOINT CREDIT - we intend to apply for joint credit (initials) _____ <input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets _____ <input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources _____ | | | | DATE _____ CLASS _____ ACCOUNT NO. _____ APPROVED BY _____ | |
| AMOUNT REQUESTED | FOR HOW LONG | PAYMENT DATE | WANT TO REPAY | PROCEEDS OF LOAN TO BE USED FOR: | |
| | | | <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) _____ | | |

SECTION A – INDIVIDUAL APPLICANT INFORMATION

| | | | | | |
|---|-------------------|----------------------|---------------------|--|------------------|
| NAME (Last, First, Middle) | | | | | |
| BIRTHDATE | TELEPHONE NO. | DRIVER'S LICENSE NO. | SOCIAL SECURITY NO. | NO. DEPENDENTS/ AGES | |
| ADDRESS (Street, City, State & Zip) | | | COUNTY | Do you <input type="checkbox"/> own or <input type="checkbox"/> rent | HOW LONG? |
| ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address) | | | COUNTY | Do you <input type="checkbox"/> own or <input type="checkbox"/> rent | HOW LONG? |
| EMPLOYER (Company Name & Address) | | | | | HOW LONG? |
| BUSINESS PHONE, Ext. | POSITION OR TITLE | | GROSS INCOME | | |
| | | | Monthly: | Annual: | |
| PREVIOUS EMPLOYER | | | | | HOW LONG? |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | | | RELATIONSHIP | TELEPHONE NO. | |
| Alimony, child support, or separate maintenance income need not be reviewed 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 |
| 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 | | | | | |

SECTION B – JOINT APPLICANT OR OTHER PARTY INFORMATION

| | | | | | |
|---|-------------------|----------------------|---------------------|--|------------------|
| NAME (Last, First, Middle) | | | | | |
| BIRTHDATE | TELEPHONE NO. | DRIVER'S LICENSE NO. | SOCIAL SECURITY NO. | NO. DEPENDENTS/ AGES | |
| ADDRESS (Street, City, State & Zip) | | | COUNTY | Do you <input type="checkbox"/> own or <input type="checkbox"/> rent | HOW LONG? |
| ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address) | | | COUNTY | Do you <input type="checkbox"/> own or <input type="checkbox"/> rent | HOW LONG? |
| EMPLOYER (Company Name & Address) | | | | | HOW LONG? |
| BUSINESS PHONE, Ext. | POSITION OR TITLE | | GROSS INCOME | | |
| | | | Monthly: | Annual: | |
| PREVIOUS EMPLOYER | | | | | HOW LONG? |
| NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU | | | RELATIONSHIP | TELEPHONE NO. | |
| Alimony, child support, or separate maintenance income need not be reviewed 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 |
| 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 | | | | | |

SECTION C - MARITAL STATUS

| | | | |
|---|----------------------------------|------------------------------------|--|
| Complete only if: for joint or secured credit, applicant reside 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) |

SECTION D – ASSET & DEBT INFORMATION

If Section B has been completed, this Section should include information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B 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 ASSET HELD | SUBJECT TO DEBT? | VALUE |
|---|--------------------------|------------------|-------|
| CHECKING ACCOUNT (number and institution) | | | |
| SAVINGS ACCOUNT(number and institution) | | | |
| CERTIFICATES OF DEPOSIT(s) (institution) | | | |
| 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

OUTSTANDING DEBTS (Including charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

| CREDITOR | ACCOUNT NUMBER | NAME IN WHICH ACCOUNT IS CARRIED | ORIGINAL AMOUNT | PRESENT BALANCE | MONTHLY PAYMENT |
|-----------------------------|--|----------------------------------|-----------------|-----------------|-----------------|
| LANDLORD OR MORTGAGE HOLDER | <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage | | | | |
| AUTOMOBILES (describe) | | | | | |
| OTHER DEBT (describe) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TOTAL DEBTS

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) _____

Amount per Mo.? _____

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes (to whom?) _____

Are there any unsatisfied judgments against you? No Yes (to whom?) _____

Have you been declared bankrupt in the last 10 years? No Yes (where?) _____

Year? _____

SECTION E – SECURED CREDIT

Complete only if credit is to be secured. Briefly describe the property to be given as security.

PROPERTY DESCRIPTION

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any)

BLANKET AUTHORIZATION I certify that everything state in this application and on any attachments is true and correct. I have made no misrepresentations in this application or with other documents, nor did I omit any pertinent information. I fully understand that it is a Federal crime to knowingly make any false statements when applying for a loan. The Lender may keep this application whether or not it is approved. I hereby give my consent for information contained in this loan application or in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program, to be verified or re-verified. This verification/re-verification may be made by SUMMIT NATIONAL BANK, it's agents, successors, and assigns either directly or through a credit reporting agency. I understand that I must update credit information at Lender's request if my financial condition changes.

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit. FEDERAL LAW PROHIBITS YOU FROM CONDITIONING EXTENSION OF CREDIT ON EITHER: (1) My purchase of an insurance product or annuity from you or from your affiliates; or (2) My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have read and understand both the Blanket Authorization and the Federal Credit Application Insurance Disclosure.

Applicant's Signature

Date

Co-Applicant's Signature

Date