



First Bank Blue Earth

Account Application

CHECK ONE:

- Individual
- Joint

INTEREST CHECKING

- Savings
- Certificate
- Interest / Checking

BASIC CHECKING

- Minimum Balance
- Flat fee
- Per item
- Interest / Checking

OPTIONS

- Check Credit
- Debit Card

SAVINGS ACCOUNTS

- Savings
- Certificates
- Loan
- Unsecured
- Secured

All individual applicants complete Part 1 and sign this application. If this is a joint application, complete Part 2 with information about the joint applicant, and the joint applicant should also sign this application. If this is an application for a loan, whether individual or joint, complete Part 3 with information about the applicant. A joint applicant is one who will be permitted to use the account, who will be contractually liable to repay the loan, or upon whose income the applicant is relying as a basis for repayment of the loan.

FULL NAME (PRINT)		STREET ADDRESS		DATE OF BIRTH	TELEPHONE NO.
CITY, STATE, ZIP	COUNTY	TIME AT THIS ADDRESS YRS. MOS.		SOCIAL SECURITY NO.	
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS)		TIME AT PREVIOUS ADDRESS YRS. MOS.		DRIVERS LICENSE NO.	
EMPLOYER'S NAME AND ADDRESS		KIND OF BUSINESS		POSITION	EMPLOYER'S PHONE NO.
TAKE HOME PAY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY	HOW LONG WITH EMPLOYER?	PREVIOUS EMPLOYER IF LESS THAN 3 YRS. WITH PRESENT EMPLOYER		
\$	ORIGINAL PURCHASE PRICE	YEAR PURCHASED	ESTIMATED MARKET VALUE		
DO YOU	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	NAME OF LANDLORD	ADDRESS	CITY	STATE
FORMER ADDRESS	CITY	STATE	ZIP	MONTHLY RENT	HOW LONG
AUTO MAKE(S) MODEL(S) YEAR (S)		UNMARRIED <input type="checkbox"/>		MARRIED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>
MARRITAL STATUS FOR INDIVIDUAL UNSECURED CREDIT		DO NOT COMPLETE IF THIS IS AN APPLICATION		NO. DEPENDENTS (INCLUDING SELF)	
FIRST PERSONAL REFERENCE (NAME AND ADDRESS)		SECOND PERSONAL REFERENCE (NAME AND ADDRESS)			
BANK REFERENCE - NAME OF BANK AND TOWN					

PART 1 - APPLICANT

FULL NAME (PRINT)		STREET ADDRESS		DATE OF BIRTH	TELEPHONE NO.
CITY, STATE, ZIP	COUNTY	TIME AT THIS ADDRESS YRS. MOS.		SOCIAL SECURITY NO.	
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS)		TIME AT PREVIOUS ADDRESS YRS. MOS.		NO. OF DEPENDENTS	
EMPLOYER'S NAME AND ADDRESS		KIND OF BUSINESS		POSITION	EMPLOYER'S PHONE NO.
TAKE HOME PAY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY	HOW LONG WITH EMPLOYER?	PREVIOUS EMPLOYER IF LESS THAN 3 YRS. WITH PRESENT EMPLOYER		
\$	ORIGINAL PURCHASE PRICE	YEAR PURCHASED	ESTIMATED MARKET VALUE		
DO YOU	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	NAME OF LANDLORD	ADDRESS	CITY	STATE
FORMER ADDRESS	CITY	STATE	ZIP	MONTHLY RENT	HOW LONG
AUTO MAKE(S) MODEL(S) YEAR (S)		UNMARRIED <input type="checkbox"/>		MARRIED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>
MARRITAL STATUS FOR INDIVIDUAL UNSECURED CREDIT		DO NOT COMPLETE IF THIS IS AN APPLICATION		NO. DEPENDENTS (INCLUDING SELF)	
FIRST PERSONAL REFERENCE (NAME AND ADDRESS)		SECOND PERSONAL REFERENCE (NAME AND ADDRESS)			
BANK REFERENCE - NAME OF BANK AND TOWN					

PART 2 - JOINT APPLICANT

LOAN OR CREDIT LINE REQUESTED	\$	PURPOSE	MONTHS TO REPAY
INCOME OTHER THAN WAGES OR SALARY (DO NOT INCLUDE ALIMONY, CHILD SUPPORT OR MAINTENANCE)		\$	PER
MONTHLY INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE (THIS INFORMATION NEED NOT BE REVEALED IF YOU DO NOT WISH US TO CONSIDER IT IN DETERMINING YOUR CREDIT WORTHINESS.)		\$	PER
NAME, ADDRESS AND EMPLOYER OF PERSON SUPPLYING ALIMONY, CHILD SUPPORT OR MAINTENANCE		HOW LONG HAVE PAYMENTS BEEN RECEIVED	MOS.

PART 3 - LOAN OR CREDIT APPLICANTS

CHECKING	ACCOUNT WITH	CITY	ACCOUNT NUMBER	ENTER "1" IF ACCOUNT IS IN FIRST PERSON'S NAME. ENTER "2" IF ACCOUNT IS IN SECOND PERSON'S NAME.	BALANCE
SAVINGS					
LIST ALL DEBTS NOW OWED - (IF MORE, LIST ON SEPARATE SHEET AND ATTACH TO THIS FORM.)					
MORTGAGE				MO. PMT.	BALANCE
AUTO LOAN					
OTHER LOANS					
CREDIT ACCOUNT					
CREDIT ACCOUNT					
CREDIT ACCOUNT					
TOTAL OTHER OBLIGATIONS (INCLUDE ALIMONY, SUPPORT PAYMENTS, ETC.)					
ARE YOU A COSIGNER, ENDORSER, OR GUARANTOR FOR ANYONE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, FOR WHOM?	
ARE YOU PAYING ALIMONY, CHILD SUPPORT OR MAINTENANCE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARE THERE ANY CLAIMS, SUITS OR JUDGEMENTS AGAINST YOU?	
OTHER NAMES IN WHICH YOU HAVE MAINTAINED ACCOUNTS?		NAME 1		NAME 2	

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 and to answer questions about your credit experience with me.

Signature of applicant _____ Date _____
 Signature of joint applicant _____ Date _____
 (Required only if part 2 is complete)