



- Personal Use
- Business Use
- Co-Applicant For \_\_\_\_\_



P.O. Box 4327  
 Batesville, AR 72503  
 870-376-7123  
 888-402-3528 FAX  
 staff@dealerdirectfinancial.com

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 federal law.

**This application is for secured credit only.**

Joint Credit.  
 We intend to apply for joint credit.  
 (Initials) \_\_\_\_\_

Sales Person		Dealership Name		Dealership Phone #	
Date	Requested Amount	# of Payments Requested	Dealership Fax #		

## Applicant Information

Last Name	First Name	Middle Name	Banking Information
Present Street Address			<i>Are you or have you ever been a customer of First Community Bank?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
City		State	Email Address
Time at Address <i>(if less than 2 years, give previous address)</i>		Zip Code	Landlord or Mortgage Holder
Previous Address		Payment <input type="checkbox"/> Buy <input type="checkbox"/> Parents <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Others	
Social Security #	Date of Birth		Name of Nearest Relative Not Living with You
Phone #	<input type="checkbox"/> Cell <input type="checkbox"/> Home		Nearest Relative's Address
Mailing Address (If Different From Above)			Nearest Relative's Phone #
City			Applicant Salary: \$ _____ Gross Monthly
Current Employer (If Self-Employed, Business Name) How Long? Yrs ___ Mos ___			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 this obligation. Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding
Employer Address			Sources of Other Income _____ Amount Per Month \$ _____
Business Phone #	Position		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried* *Includes single, divorced or widowed

### Equipment Information (Attach dealer invoice if available.) We must have a full breakdown of the numbers.

Quantity	Year	Make	Model	Serial # (if available)	Price
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____

This Application for Credit ("Application") is to First Community Bank ("FCB"). I have read this Application, and everything stated in it is true. I authorize FCB to check my credit, employment history, or any other information, and to report such information, and its credit experience with me, to others. I am at least 18 years of age.

I hereby certify that the property purchased pursuant to this application is for my personal and/or business use; that I am fully responsible for making all payments for such property; that such property will be in my possession or under my control until the amount financed and all finance charges have been paid in full; and that I am not purchasing any property financed through FCB for the benefit of another without the written approval of FCB. I understand that I must update credit information at FCB's request if my financial condition changes.

Signature (Applicant) \_\_\_\_\_ Date \_\_\_\_\_