



- Personal Use
- Business Use
- Co-Applicant
For _____



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

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) _____

Date	Sales Person	Dealer Name	Telephone Number
Requested Amount	# Payments	Dealer #	Fax Number

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			<i>Check all that apply:</i> <input type="checkbox"/> Checking <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Savings <input type="checkbox"/> M/C <input type="checkbox"/> Amex
Time at Address (if less than 2 years, give previous address)			Landlord or Mortgage Holder
Previous Address			Payment <input type="checkbox"/> Buy <input type="checkbox"/> Parents \$ _____ <input type="checkbox"/> Rent <input type="checkbox"/> Others
Social Security #			Name of Nearest Relative Not Living with You
Drivers License Number			Address
Mailing Address (if Different From Above)			Telephone Number
Current Employer (if Self-Employed, Business Name) How Long? Yrs _____ Mos _____			Applicant Salary: \$ _____ Gross Monthly
Employer Address			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: _____ Court Order _____ Written Agreement _____ Oral Understanding
Business Phone #			Sources of Other Income _____ Amount Per Month \$ _____
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)

Quantity	Model #s	Description	Serial #	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 purchases 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