

# Consumer Credit Application

**Important Information About Procedures For Opening a New Account:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



## Choose a Mountain Valley Bank Location:

AMOUNT REQUESTED:	TERM MO/YR:	PAYMENT DATE DESIRED:	WANT TO REPAY MONTHLY?	YES	NO
PROCEEDS OF THE LOAN TO BE USED FOR:    SECURED    UNSECURED			PURPOSE OF THE LOAN?		

### DESCRIPTION OF COLLATERAL

YEAR:	MAKE:	MODEL:	VIN#:	MILES:
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### INDIVIDUAL APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE):	BIRTHDATE:	TELEPHONE:	DRIVER'S LICENSE:
SOCIAL SECURITY NUMBER:		NUMBER OF DEPENDENTS AND AGES:	
MARITAL STATUS:    MARRIED    SEPARATED    UNMARRIED (SINGLE, DIVORCED, WIDOWED)			
PHYSICAL ADDRESS: (STREET, CITY, STATE AND ZIP):		COUNTY:	DO YOU:    RENT    OWN    HOW LONG?    AMOUNT?
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):			
PREVIOUS ADDRESS (COMPLETE IF LESS THAN 3 YRS AT PRESENT ADDRESS):			
COUNTY:		DO YOU:    RENT    OWN    HOW LONG?    AMOUNT?	
EMPLOYER (COMPANY NAME AND ADDRESS):		HOW LONG?	BUSINESS TELEPHONE:    EXT:    POSITION/TITLE:
SALARY PER MONTH – GROSS: \$		NET:\$	
PREVIOUS EMPLOYER (COMPANY NAME AND ADDRESS):			HOW LONG?
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:			
RELATIONSHIP:		TELEPHONE (INCLUDE AREA CODE):	
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
SOURCES OF OTHER INCOME:		AMT PER MONTH:	
IS ANY INCOME LISTED LIKELY TO BE REDUCED BEFORE THE CREDIT REQUEST IS PAID OFF?			
NO    YES – EXPLAIN:			
HAVE YOU PREVIOUSLY RECEIVED CREDIT FROM US?		NO	YES – WHEN?

### JOINT APPLICANT OR OTHER PARTY INFORMATION

NAME (LAST, FIRST, MIDDLE):	BIRTHDATE:	TELEPHONE:	DRIVER'S LICENSE:
SOCIAL SECURITY NUMBER:		NUMBER OF DEPENDENTS AND AGES:	
MARITAL STATUS:    MARRIED    SEPARATED    UNMARRIED (SINGLE, DIVORCED, WIDOWED)			
PHYSICAL ADDRESS: (STREET, CITY, STATE AND ZIP):		COUNTY:	DO YOU:    RENT    OWN    HOW LONG?    AMOUNT?
MAILING ADDRESS (IF DIFFERENT THAN ABOVE):			
PREVIOUS ADDRESS (COMPLETE IF LESS THAN 3 YRS AT PRESENT ADDRESS):			
COUNTY:		DO YOU:    RENT    OWN    HOW LONG?    AMOUNT?	
EMPLOYER (COMPANY NAME AND ADDRESS):		HOW LONG?	BUSINESS TELEPHONE:    EXT:    POSITION/TITLE:
SALARY PER MONTH – GROSS: \$		NET:\$	
PREVIOUS EMPLOYER (COMPANY NAME AND ADDRESS):			HOW LONG?

**JOINT APPLICANT OR OTHER PARTY INFORMATION continued**

NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:		
RELATIONSHIP:	TELEPHONE (INCLUDE AREA CODE):	
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
SOURCES OF OTHER INCOME:	AMT PER MONTH: \$	
IS ANY INCOME LISTED LIKELY TO BE REDUCED BEFORE THE CREDIT REQUEST IS PAID OFF? NO YES – EXPLAIN:		
HAVE YOU PREVIOUSLY RECEIVED CREDIT FROM US? NO YES – WHEN?		

**DEBTS**

<b>ARE YOU OBLIGATED TO MAKE ALIMONY, SUPPORT, OR MAINTENANCE PAYMENTS?</b>	<b>Applicant:</b> NO YES IF YES, TO (NAME & ADDRESS): MONTHLY AMT:	<b>Joint Applicant or Other Party:</b> NO YES IF YES, TO (NAME & ADDRESS): MONTHLY AMT:
<b>ARE YOU A CO-MAKER, ENDORSER, OR GUARANTOR ON ANY LOAN OR CONTRACT?</b>	<b>Applicant:</b> NO YES IF YES, FOR WHOM? TO WHOM?	<b>Joint Applicant or Other Party:</b> NO YES IF YES, FOR WHOM? TO WHOM?
<b>ARE THERE ANY UNSATISFIED JUDGEMENTS AGAINST YOU?</b>	<b>Applicant:</b> NO YES IF YES, TO WHOM OWED? AMOUNT:	<b>Joint Applicant or Other Party:</b> NO YES IF YES, TO WHOM OWED? AMOUNT:
<b>HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST 10 YEARS?</b>	<b>Applicant:</b> NO YES IF YES, WHERE? YEAR:	<b>Joint Applicant or Other Party:</b> NO YES IF YES, WHERE? YEAR:

**INSURANCE INFORMATION**

Mountain Valley Bank (Lender) is hereby authorized to contact, discuss with and request from my/our Insurance Agency listed below as loss payee on insurance policies covering collateral pledged to Lender to secure indebtedness currently owed by me/us.

INSURANCE AGENCY: CONTACT PERSON: ADDRESS:

**NOTICE – JOINT INTENT**

CHECK ONE:  
 We intend to apply for joint credit (Signatures required below)  
 I am apply for credit in my name only, and am relying only on my income/assets in my name only for repayment of this loan.

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant's Signature Date Joint Applicant (if applicable) Date

**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 moved. 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.

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant's Signature Date Joint Applicant (if applicable) Date

**DISCLOSURES**

**CONSUMER CREDIT DISCLOSURE**  
 This document is a written disclosure for the sale of insurance when Mountain Valley Bank extends credit.

Applicant Name: Type of Credit Transaction:

**TO CREDIT APPLICANT:**  
 Mountain Valley Bank advised you we may not condition the extension of credit on the following:  
 - Your purchase of insurance from Mountain Valley Bank or any of its affiliates;  
 - Your agreement to not obtain insurance from any entity not affiliated with Mountain Valley Bank.  
 In addition, Mountain Valley Bank may not prohibit you from obtaining insurance from an entity not affiliated with us.

Please sign to acknowledge the written and verbal receipt of this disclosure:

X \_\_\_\_\_ X \_\_\_\_\_  
 Applicant's Signature Date Joint Applicant (if applicable) Date