

CONSUMER CREDIT APPLICATION

Credit Limit Requested \$ _____

Check Account Choice:
(Signature required for joint applicant)
☐ Individual Account
☐ Joint Account: _____

Visa®**BANK OF EASTMAN
MAGNOLIA STATE BANK**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify and record information that identifies each person who opens an Account. What this means to 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.

APPLICANT Note: All applicable sections should be filled out completely to avoid delay in processing your application.	Last Name		First		Middle		Social Security Number	
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own ☐	Rent ☐	Other ☐	Monthly Payment \$
	Current Address		City	State	Zip Code		How Long (yrs)	
	Mailing Address (if different from above)		City	State	Zip Code		How Long (yrs)	
	Previous Address (if less than 2 years at present address)		City	State	Zip Code		How Long (yrs)	
	Employer	Self Employed ☐ Yes ☐ No		Work Phone ()		Date Employed		
	Address		Position/Occupation		Monthly Gross Income \$			
	Name and Address of Previous Employer (if less than 2 years at present employer)							How Long (yrs)
	Source of Additional Income: Income from alimony, child support or separate maintenance need not be revealed if it is not considered in determining creditworthiness							Amount per Month \$
	Nearest Relative (Not Living With You)				Home Phone ()		Relationship	
CO-APPLICANT Intended for joint applicant, this information is not required for an individual account.	Last Name		First		Middle		Social Security Number	
	Date of Birth	No. of Dependents	Home Phone ()	Cell Phone ()	Own ☐	Rent ☐	Other ☐	Monthly Payment \$
	Current Address		City	State	Zip Code		How Long (yrs)	
	Previous Address (if less than 2 years at present address)		City	State	Zip Code		How Long (yrs)	
	Employer	Self Employed ☐ Yes ☐ No		Work Phone ()		Date Employed		
	Address		Position/Occupation		Monthly Gross Income \$			
CREDIT INFO Attach Additional Sheets if Necessary	Name and Address of Creditor		Name under Which Account is Carried		Account Number		Balance	Monthly Payment
	1. Home Mortgage/Rent							
	2. Bank Credit Card/Bank Name and Address							
AUTHORIZED USER	To add an authorized user to your Visa account, please complete the following information on the authorized user. A card will be issued to the authorized user if your account is approved. As an applicant, you will be responsible for any charges made by the individual you authorized herein. If this is a joint account, both applicants will be jointly and severally responsible for any charges made by the authorized user.							
	Name: _____ Date of Birth: _____ Social Security Number/ITIN: _____ Home Phone: _____ Cell Phone: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____							
SIGNATURES	PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the cardholder agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If you intend to apply for joint credit, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.							
	X _____ X _____ Applicant Signature Date Co-Applicant Signature Date							
TRANSFER OF BAL REQUEST	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new credit card account.							
	☐ Credit Card Account Number _____ Amount to be transferred \$ _____ Signature _____							
FOR INTERNAL USE ONLY	Visa Account No. ☐ Visa® ☐ Visa® Gold #1 ☐ Visa® Platinum							
	Date Approved		Credit Line			Approved By		

All contents on this application are accurate as of November 1, 2016. This information may have changed after that date. To find out what may have changed, write to us at P.O. Box 909, Eastman, GA 31023.
Bank of Eastman/Magnolia State Bank Application Nov 2016