



A Lending Solution by SNB Bank, N.A. - Member FDIC

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.

To: Name and Address of Lender
SNB Bank, N.A. (Formerly Known As The Shattuck National Bank)
503 South Main/P.O. Box 39
Shattuck, OK 73858
Ph: 580-938-2571 Fax: 888-554-1518 email: loan@easyaglending.com

What Type of Loan are you Requesting? (please check appropriate space)
Ag Equip. Loan
Commercial Equip. Loan
Other
Ag Equip. Lease
Commercial Equip. Lease
Consumer Loan

Approx. Amount of Purchase:
Approx. Down Payment:
Approx. Amount of Loan:
Term Requested:
Type of Collateral:
Brief Description of Collateral:
New or Used:

APPLICANT(S) INFORMATION-

IF LOAN IS APPROVED ON MONTHLY PAYMENTS, AUTO DEBIT AGREEMENT IS REQUIRED

APPLICANT #1 APPLICANT #2- IF COMPLETED, THIS IS A JOINT APPLICATION

SOCIAL SECURITY NUMBER: FIRST NAME: MI: LAST NAME: SOCIAL SECURITY NUMBER: FIRST NAME: MI: LAST NAME:

DATE OF BIRTH: DRIVER'S LICENSE NUMBER & STATE: DATE OF BIRTH: DRIVER'S LICENSE NUMBER & STATE:

MAILING ADDRESS: CITY: STATE: ZIP: MAILING ADDRESS: CITY: STATE: ZIP:

PHYSICAL ADDRESS: CITY: STATE: ZIP: PHYSICAL ADDRESS: CITY: STATE: ZIP:

EMAIL ADDRESS: EMAIL ADDRESS:

HOME PHONE: MOBILE PHONE: HOME PHONE: MOBILE PHONE:

EMPLOYER: EMPLOYER ADDRESS: EMPLOYER: EMPLOYER ADDRESS:

POSITION AT EMPLOYER: HOW LONG (IN YEARS): GROSS MONTHLY COMPENSATION*: POSITION AT EMPLOYER: HOW LONG (IN YEARS): GROSS MONTHLY COMPENSATION*:

MARITAL STATUS *Do not complete if you are applying for individual unsecured credit
IMMIGRATION STATUS: RESIDENCE INFORMATION:
Married Separated
Unmarried Including single/divorced/widowed
US Citizen or Perm. Resident
OTHER:
Own Rent Monthly Payment

Previous Bankruptcy: Judgements: Collections: Past Due Payments: Garnishments: Previous Bankruptcy: Judgements: Collections: Past Due Payments: Garnishments:

Acres Owned: Acres Leased: # Hd Livestock: Gross Farm Income: Other Income*: Acres Owned: Acres Leased: # Hd Livestock: Gross Farm Income: Other Income*:

Security Question #1- Mothers Maiden Name Security Question #2- City of Birth Security Question #1- Mothers Maiden Name Security Question #2- City of Birth

*Income derived from alimony, child support, or separate maintenance payments need not be revealed if the applicant does not want the bank to consider the information in determining the applicant's creditworthiness
(F joint application, read singular pronouns in the plural.) I warrant the truth of the information contained in this application and that all statements made in this application are made for the purpose of obtaining the loan applied for.

FEDERAL CREDIT APPLICATION DISCLOSURES: I have applied for an extension of credit with Lender. Lender may solicit or be soliciting, or selling an insurance product or annuity with connection with the extension of credit. FEDERAL LAW PROHIBITS LENDER FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER: 1) My purchase of an insurance product from Lender or any of Lender's affiliates; or 2) My agreement not to obtain, or a prohibition on me obtaining an insurance product or annuity from an unaffiliated entity.

BY SIGNING BELOW, I AUTHORIZE THE DELAY OF DELIVERY OF SNB BANK, NA'S PRIVACY POLICY AND WAIVE MY RIGHT TO RECEIVE SUCH POLICY AT THE TIME MY ACCOUNT IS OPENED

SIGNATURE OF APPLICANT: DATE: SIGNATURE OF APPLICANT: DATE:

APPLICANT REQUESTS THE FOLLOWING (Please Circle): Credit Life Accident & Disability GAP APPLICANT REQUESTS THE FOLLOWING (Please Circle): Credit Life Accident & Disability GAP

FOR LOAN AMOUNTS GREATER THAN \$100,000, ADDITIONAL FINANCIAL INFORMATION IS REQUIRED
FOR DEALER USE ONLY

Is applicant an existing customer: If Yes, how long: How has the applicant handled their previous business with you: Does the information the applicant provided about appear correct:

Table with columns: Unit Info, Year, Make, Model, Serial Number or VIN, Dealer Cost/Invoice, Pricing Information. Rows include NEW, USED, TRADE IN.

By signing below, the Dealer Representative attests to the best of their knowledge that the information provided by the dealer is true and accurate. Further the representative of the dealer does not possess any information which may indicate that the information provided by the applicant is false or untrue.

Printed Name of Dealer Representative: Date: Signature of Dealer Representative: AMOUNT FINANCED