



- 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                                        |  | Apt. #                                                      |  | Are you or have you ever been a customer of First Community Bank?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                               |  | Email Address                                                                                                                                                                                                                                                                                                                                                |  |
| City                                                          |  | State                                                       |  | Zip Code                                                                                                                                                    |  | Landlord or Mortgage Holder                                                                                                                                                                                                                                                                                                                                  |  |
| Time at Address (if less than 2 years, give previous address) |  | Payment                                                     |  | <input type="checkbox"/> Buy <input type="checkbox"/> Parents <input type="checkbox"/> Own<br><input type="checkbox"/> Rent <input type="checkbox"/> Others |  | \$ _____                                                                                                                                                                                                                                                                                                                                                     |  |
| Previous Address                                              |  | 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                                                                                                                                  |  | Nearest Relative's Phone #                                                                                                                                                                                                                                                                                                                                   |  |
| Mailing Address (If Different From Above)                     |  | City                                                        |  | State                                                                                                                                                       |  | Zip Code                                                                                                                                                                                                                                                                                                                                                     |  |
| Current Employer (If Self-Employed, Business Name)            |  | How Long?                                                   |  | Applicant Salary: \$ _____ Gross Monthly                                                                                                                    |  | 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.<br>Alimony, child support, separate maintenance received under:<br><input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding |  |
| Employer Address                                              |  | Yrs _____ Mos _____                                         |  | Sources of Other Income _____ Amount Per Month \$ _____                                                                                                     |  | <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried*                                                                                                                                                                                                                                                      |  |
| Business Phone #                                              |  | Position                                                    |  | *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 \_\_\_\_\_