NEVADA BANK & TRUST CONSUMER LOAN APPLICATION

TYPE OF APPLICATION							
\square Application for INDIVIDUAL CREDIT							
$\hfill \square$ Application for JOINT CREDIT: We inte	nd to apply for joint cr	edit			(initials)		
If you live in Nevada, or this is a joint app	lication, check one of	the following: \Box N	Narried 🗌	Separated \square	Unmarried		
AMOUNT OF REQUEST: \$ Preferred Payment Date:							
Automatic Payment: \square Yes \square No from N	B&T Account Number	:		<u> </u>			
NOTICE: If you are married, you can still	apply for a separate a	ccount in your own r	name. If you	are married an	d reside in a comn	nunity property state, the assets	
of your marital community may be liable							
attached a signed statement that you wis							
PURPOSE OF LOAN: (How will you spend the proceeds?)							
COLLATERAL							
TYPE OF COLLATERAL: (If application is SE	CURED with COLLATE	RAL)					
DESCRIPTION OF COLLATERAL:							
Year: Make:	Model:	Purchase Price: \$		Down Pay	ment: \$		
INFORMATION REGARDING APPLICANT		T		I			
FIRST NAME MIDDLE INITIAL	LAST NAME	DATE OF BIRTH		SOCIAL SECU	RITY NUMBER	HOME PHONE NUMBER	
STREET ADDRESS (Required)		CITY	STATE	ZIP CODE		EMAIL ADDRESS	
MAILING ADDRESS (If Different from Stre	et Address)	CITY	STATE	ZIP CODE		TIME AT THIS ADDRESS? YRS. MOS.	
PREVIOUS ADDRESS (If Less than 3 Yrs. At Current Address)		CITY	STATE	ZIP CODE		DRIVER'S LICENSE NUMBER	
DO YOU?		MONTHLY MORTG	AGE OR REN	T PAYMENT		A U.S. CITIZEN?	
OWN RENT OTHER: PRESENT EMPLOYER		\$ OCCUPATION		WORK BHON	☐ YES	□ NO TIME EMPLOYED	
PRESENT EMPLOTER		OCCUPATION		WORK PHONE & EXT.		YRS. MOS.	
EMPLOYER'S ADDRESS		CITY		STATE ZI	P CODE	GROSS MONTHLY INCOME	
FORMER EMPLOYER (If less than 3 years)			TIME EMPLOYED				
OTHER INCOME: Alimony, child support of	or congrato	SOURCE OF INCOME				YRS. MOS.	
maintenance income need not be revealed	JOUNCE OF INCOM	'IL	\$				
to use it as a basis for repaying this obliga	•					*	
PERSONAL REFERENCE							
NAME OF NEAREST RELATIVE	STREET ADDRESS, CI	TY, STATE			RELATIONSHIP	HOME PHONE NUMBER	
INFORMATION REGARDING CO-APPLICA	NT						
FIRST NAME MIDDLE INITIAL	LAST NAME	DATE OF BIRTH		SOCIAL SECU	RITY NUMBER	HOME PHONE NUMBER	
STREET ADDRESS (Required)		CITY	STATE	ZIP CODE		EMAIL ADDRESS	
MAILING ADDRESS (If Different from Stre	et Address)	CITY	STATE	ZIP CODE		TIME AT THIS ADDRESS? YRS. MOS.	
PREVIOUS ADDRESS (If Less than 3 Yrs. At Current Address)		CITY	STATE			DRIVER'S LICENSE NUMBER	
DO YOU?		MONTHLY MORTGAGE OR RENT F		Γ PAYMENT ARE YOU □ YES		I A U.S. CITIZEN? □ NO	
OWN RENT OTHER: PRESENT EMPLOYER				WORK PHON		TIME EMPLOYED	
EMPLOYER'S ADDRESS		CITY STATE 2		STATE ZI	P CODE	YRS. MOS. GROSS MONTHLY INCOME	
FORMER EMPLOYER (If less than 3 years)						\$ TIME EMPLOYED	
	T COURCE OF INCOME				YRS. MOS.		
OTHER INCOME: Alimony, child support or separate maintenance income need not be revealed unless you wish to use it as a basis for repaying this obligation.		SOURCE OF INCOME				AMOUNT \$	
PERSONAL REFERENCE	acion.						
NAME OF NEAREST RELATIVE	STREET ADDRESS, CI	TY. STATE			RELATIONSHIP	HOME PHONE NUMBER	
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PERSONAL FINANCIAL STATEMENT

ASSETS		(Value Omit Cents)	LIABILITIES			Balance (Omit Cents)	Mo. Payments (Omit Cents)	
Cash in Nevada	Bank & Trust		\$		Credit Card	s/Other		\$	\$
Cash in Other Ba	inks		\$					\$	\$
Stocks/Bonds/M	lutual Funds		\$					\$	\$
Pension/Retirement Funds (IRA, 401k, etc)		\$					\$	\$	
Real Estate (List total value from below)		\$		Real Estate	Real Estate (List total from below)		\$	\$	
Vehicles/Boats/RVs (List Year, Make & Model)		\$		Vehicles/Boats/RV Loans		\$	\$		
			\$					\$	\$
			\$					\$	\$
			\$					\$	\$
			\$					\$	\$
			\$		Rent (Land	ord Name)			\$
Personal Property		\$		Child Supp	Child Support/Alimony			\$	
TOTAL THAT I OWN (TOTAL ASSETS)		\$		TOTAL THA	TOTAL THAT I OWE (TOTAL LIABILITIES)		\$	\$	
	BE PAID OFF FROM TI AN 'X' IN THE BO JNT)				TOTAL ASS	ets less total lia	ABILITIES	\$	
DESCRIPTION O	F REAL ESTATE OWN	ED							
DESC	RIPTION	MORTGAGE HO	LDER	PURCHASE DATE	PURCHASE PRICE	VALUE	CURRENT BALANCE	RENTAL INCOME	MONTHLY PAYMENT
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
See Attached	d if more lines are ne	eded)			TOTAL	\$ \$	\$	\$	\$
INSURANCE INF	ORMATION								
AGENT NAME			MAILING	G ADDRESS				PHONE NUME	BER
INSURANCE COM	MPANY NAME							POLICY NUME	BER
	he information prese								

I/We certify that the information presented here, including any provided tax returns or separate financial statements, is/are accurate and complete. I/We understand that Nevada Bank & Trust will rely on this information in order to service my/our credit application. I/We authorize Nevada Bank & Trust to request any information that is deemed necessary to assess this application or to service my/our credit file in the future. I/we authorize any third party to release information (including but not limited to verification of income and employment, credit history, loan or credit balance, account balance, tax returns, or any other information) to Nevada Bank & Trust at their request, now or in the future.

By signing below, I/we acknowledge the receipt of the Consumer Credit Disclosure and the Important Information About Insurance Sales Practices Disclosure.

Ву:	_ Date:	Branch Use – Date Stamp
Ву:	_ Date:	

Nevada Bank and Trust Co.

Important Information About Insurance Sales Practices

Please read this notice carefully and keep it for your records. Nevada Bank & Trust will not condition the approval of your loan application on your purchase of any type of insurance product or annuity from the Bank or any of its affiliates.

If you choose to purchase an insurance or annuity product you may do so from any bank, insurance agency or broker; possibly at a better price.

Our Bank offers GAP (Guaranteed Asset Protection) Insurance through Praetorian Insurance Company. However you are not required to purchase this or any type of insurance in order to obtain a loan from us.

I/we have read this disclosure, and understand its contents, as evidenced by my/our signature(s) below. I/we understand that this acknowledgment is a part of the loan application.

Applicant's Signature	Date
Co-Applicant's Signature	Date

CONSUMER CREDIT DISCLOSURE FORM

NDOI-915

- 1. The purchase of consumer credit insurance from the creditor is not mandatory and is not a condition for obtaining credit approval;
- 2. If more than one type of consumer credit insurance is made available to you, your creditor will advise you that you may purchase each separately or only as a package;
- 3. Please refer to your certificate of coverage for the specific information regarding the conditions of eligibility;
- 4. If you have other insurance that covers the risk, you may not want or need consumer credit insurance;
- 5. You may cancel the insurance at any time, or if evidence of insurance is required for the extension of credit, upon proof of insurance that is acceptable to the creditor, and obtain a refund of or credit for:
 - (a) If the cancellation is not more than 30 days after you receive the individual policy or certificate of insurance, any premium paid by you; or
 - (b) If the cancellation is more than 30 days after you receive the individual policy or certificate of insurance, any unearned premium paid by you;
- 6. Please refer to your certificate of coverage for the specific information regarding these items: a description of the coverage, including a description of the amount, term, exceptions, limitations and exclusions, the insured event, any waiting or elimination period, any deductible, any applicable waiver of premium, the person who would receive any benefits, and the premium or premium rate for the consumer credit insurance; and
- 7. If the premium or insurance charge is financed, it will be subject to finance charges at the rate applicable to the credit transaction.