



FRONTIER BANK

CONSUMER CREDIT APPLICATION

TYPE OF CREDIT REQUESTED

IMPORTANT: Check the appropriate boxes below and complete the applicable sections.

SECURED INDIVIDUAL CREDIT -- relying solely on my income or assets

UNSECURED INDIVIDUAL CREDIT -- relying on my income or assets as well as income or assets from other sources

JOINT CREDIT -- We intend to apply for joint credit.

FOR CREDITOR USE
Date _____ Class No. _____

Account No. _____

Approved By _____

Declined By _____

SIGNATURE(S): Applicant _____ Co Applicant _____

AMOUNT REQUESTED	FOR HOW LONG	PAYMENT DATE REQUESTED	DESIRED PAYMENT SCHEDULE: <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR:
------------------	--------------	------------------------	---	----------------------------------

SECTION A – INDIVIDUAL APPLICATION INFORMATION

NAME (Last, First, Middle) _____

BIRTHDATE	TELEPHONE #	DRIVERS LIC. # and EXP DATE	SOCIAL SECURITY #	# OF DEPENDENTS	AGE OF DEPENDENTS
-----------	-------------	-----------------------------	-------------------	-----------------	-------------------

PHYSICAL ADDRESS (Street, City, State & ZIP)	COUNTY	Do You <input type="checkbox"/> own or <input type="checkbox"/> rent	HOW LONG
--	--------	--	----------

PREVIOUS ADDRESS (Street, City, State & ZIP) (Complete if less than 3 years at present address)	COUNTY	Did You <input type="checkbox"/> own or <input type="checkbox"/> rent	HOW LONG
---	--------	---	----------

EMPLOYER (Company Name & Address)	HOW LONG
-----------------------------------	----------

BUSINESS PHONE #	POSITION OR TITLE	GROSS: \$	SALARY PER MONTH NET: \$
------------------	-------------------	-----------	--------------------------

PREVIOUS EMPLOYER (Company Name & 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 no 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

SOURCE OF OTHER INCOME	AMOUNT PER MONTH \$
------------------------	---------------------

Is any income listed in this section likely to be reduced before the credit request is paid off?
 No Yes (Explain)

Have you previously received credit from us?
 No Yes – When?

SECTION B – JOINT APPLICATION INFORMATION

Complete only if: For joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.

NAME (Last, First, Middle) _____

BIRTHDATE	TELEPHONE #	DRIVERS LIC. # and EXP DATE	SOCIAL SECURITY #	# OF DEPENDENTS	AGE OF DEPENDENTS
-----------	-------------	-----------------------------	-------------------	-----------------	-------------------

RELATIONSHIP TO APPLICANT (If any)	PRESENT ADDRESS (Street, City, State, Zip)	HOW LONG
------------------------------------	--	----------

EMPLOYER (Company Name & Address)	HOW LONG
-----------------------------------	----------

BUSINESS PHONE	EXTENSION	POSITION OR TITLE	GROSS: \$	SALARY PER MONTH NET: \$
----------------	-----------	-------------------	-----------	--------------------------

PREVIOUS EMPLOYER (Company Name & Address)	HOW LONG
--	----------

Alimony, child support, or separate maintenance income need no 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

SOURCE OF OTHER INCOME	AMOUNT PER MONTH \$
------------------------	---------------------

Is any income listed in this section likely to be reduced before the credit request is paid off?
 No Yes (Explain)

Have you previously received credit from us?
 No Yes – When?

SECTION C – MARITAL STATUS

Complete only if: For joint or secured credit or applicant resides in a community property state or relying on property located in such a state as a basis for repayment of the credit requested.

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

SECTION D – ASSET and LIABILITY INFORMATION

ASSETS		LIABILITIES			
	Account Balance / Value		Owed To:	Balance:	Monthly Payment:
Checking Acct - Bank Name:	\$	Auto Loan:		\$	\$
Savings Acct – Bank Name:	\$	Auto Loan:		\$	\$
Certificates of Dep – Bank Name:	\$	Personal Loan:		\$	\$
Listed Stock:	\$	Personal Loan:		\$	\$
Stock in Closely Held Companies:	\$	Monthly Rent Payment:		\$	\$
Real Estate Value (Primary Residence):	\$	Mortgage Pmt (Residence):		\$	\$
Real Estate Value (Other Real Estate):	\$	Mortgage Pmt (Other real estate):		\$	\$
Life Insurance – Face Value \$ Cash Value:	\$	Bank Credit Card:		\$	\$
Auto –Year, Make, Model:	\$	Bank Credit Card:		\$	\$
Auto – Year, Make, Model:	\$	Other Credit Card:		\$	\$
Auto – Year, Make, Model:	\$	Other Credit Card:		\$	\$
Other Assets (Describe):	\$	Child Support:		\$	\$
Other Assets (Describe):	\$	TOTAL LIABILITIES		\$	\$
		TOTAL ASSETS		\$	\$
TOTAL ASSETS:	\$	NET WORTH		\$	\$

SECTION E – REAL ESTATE INFORMATION

ORIGINAL COST	CURRENT VALUE	IMPROVEMENTS	Y/N
FUTURE NEEDS			

SIGNATURES: I certify that everything I have stated in this application is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature _____	Date _____	Joint Applicant Signature (where applicable) _____	Date _____
-----------------------------	------------	--	------------

FOR BANK USE ONLY

CONSUMER LOAN INCOME ANALYSIS		AUTOMATIC PAYMENT		
Gross Monthly Income	\$	ACCT #.	BEGIN:	
40% of Gross Income	\$		CURRENT RELATIONSHIPS:	
Current Monthly Payments	\$	ACCT#	BAL	OPENED
Payment on Proposed Loan	\$	ACCT#	BAL	OPENED
Total Monthly Payments	\$	LOAN#	BAL	OPENED
Debt/Income Ratio		LOAN#	BAL	OPENED

APPROVED	DENIED	Single Pay: _____ Installment: _____ LOC: _____
BEACON SCORE	D/R	CASH TO CUSTOMER: _____
RECOMMENDATIONS:		PAYOFFS: _____

COLLATERAL:		TOTAL LOAN AMOUNT: _____
VALUATION:		1 ST PAYMENT DATE: _____
SOURCE: _____ LTV: _____		TERM: _____ RATE: _____
INSURANCE CO: _____		TITLE / UCC FEES: _____
APPROVED BY: _____ DATE: _____		PROCESSING/SURCHARGE: _____
DENIED BY: _____ DATE: _____		INSURANCE: SL JCL A&H
CONCURRED BY: _____ DATE: _____		DEPOSIT TO ACCOUNT #:

LENDER
Frontier Bank Main Office P O Drawer/43 North Broadway Sylacauga, Al. 35150

CREDIT APPLICATION INSURANCE DISCLOSURE

Name of Applicant(s)

You have applied for a loan with Lender. In connection with your application, Lender may solicit, offer or sell you an insurance product or annuity. This notice is given to advise you of information related to any insurance product or annuity that is offered, solicited or sold in connection with your loan application and available on a voluntary basis through the Lender. **PLEASE READ CAREFULLY BEFORE SIGNING THIS NOTICE.**

THE PURCHASE OF ANY INSURANCE PRODUCT OR ANNUITY THROUGH THE LENDER IN CONNECTION WITH AN EXTENSION OF CREDIT IS NOT REQUIRED. IT IS STRICTLY VOLUNTARY AND IS NOT A FACTOR IN OBTAINING CREDIT. FOR EXAMPLE:

THE LENDER MAY NOT CONDITION A LOAN OR OTHER EXTENSION OF CREDIT ON EITHER:

- 1. YOUR PURCHASE OF AN INSURANCE PRODUCT OR ANNUITY FROM THE LENDER OR ANY OF ITS AFFILIATES, OR**
- 2. YOUR AGREEMENT NOT TO OBTAIN, OR PROHIBITION BY US AGAINST YOU OBTAINING AN INSURANCE PRODUCT OR ANNUITY FROM AN ENTITY NOT AFFILIATED WITH THE LENDER.**

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED AN ORAL DISCLOSURE OF THE DISCLOSURES CONTAINED IN THIS NOTICE AND THAT YOU HAVE BEEN FURNISHED WITH A COPY OF THIS NOTICE AND UNDERSTAND ITS TERMS.

(APPLICANT)	(Date)	(APPLICANT)	(Date)
-------------	--------	-------------	--------

(APPLICANT)	(Date)	(APPLICANT)	(Date)
-------------	--------	-------------	--------

For Telephone Applications Only:

As an authorized representative of Lender, I confirm that I have made the above Credit Application Insurance Disclosures orally to the Applicant(s) and that the receipt of the oral disclosures were acknowledged orally by the Applicant(s). I also confirm that I have mailed to the Applicant(s) the above Credit Application Insurance Disclosures within three (3) days beginning the first business day after the application is taken, excluding Sunday and federal public holidays.

Authorized Representative

Date:

Dear Applicant(s),
Government regulations require that we collect certain data for reporting purposes.
Please review and complete the following information. We appreciate your business.

Will any portion of the requested loan proceeds be used for the renovation or improvement of your principal residence? (Circle one) YES or NO
If NO, stop here. Do not continue with this form. Thank you!
If YES, please complete the following information:

Please provide the estimated amount of loan proceeds to be used for home improvement \$ _____

Information for government monitoring purposes:

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, under Federal Regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

Borrower: I do not wish to furnish this information

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Sex: Female Male

.....
Co-Borrower: I do not wish to furnish this information

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Sex: Female Male

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____



**FRONTIER
BANK**

NOTICE OF ACTION TAKEN REGARDING PRICING

Thank you for your recent application. We would like to inform you that our credit decision and/or contract terms shall be based, either in whole or in part, on information obtained in a report from a consumer-reporting agency. In some cases, a loan request may be approved with material terms that are materially less favorable than the most favorable terms available to a substantial proportion of consumers from or through that person, based in whole or in part on a consumer report. We will notify you further if your loan application is declined.

The consumer-reporting agency shall play no part in our decision and is unable to supply you with the specific reasons for the credit decision and/or contract terms. You may contact the credit-reporting agency (CRA), "checked" below to obtain a copy of the consumer report in our credit decision.

Equifax – www.equifax.com (X)

To order your report, call: 800-685-1111 or write:
P.O. Box 740241, Atlanta, GA 30374-0241

Experian – www.experian.com ()

To order report, call: 888-EXPERIAN (397-3742) or write:
P.O. Box 2002, Allen, TX 75013

Trans Union – www.transunion.com ()

To order your report, call: 800-888-4213 or write:
P.O. Box 1000, Chester, PA 19022

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____

*Loan Officer, place a "check mark" inside the () next to the CRA used for this loan application.
Provide one copy to the consumer loan applicant.
Place one copy in the loan file and/or attach to the Averse Action Notice.*