

Arthur State Bank - Online Loan Application

Please complete, print, sign and fax or mail to: Fax Number: 864-576-1919

Arthur State Bank Attn: Online Banking Dept. PO Box 5135 Spartanburg, SC 29304

Amount Requested \$ _____ Purpose of this Loan _____

Applicant

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Previous Address _____ City State Zip _____

How long have you lived at your current address? _____ Previous address? _____

Employer _____ Position _____

of years with current employer _____ Gross Monthly Salary \$ _____

Other Income \$ _____ per month Source _____

(Income from Alimony, Child Support or Maintenance payments need not be revealed if the applicant does not wish it to be considered as a basis for repaying this obligation.)

Name, Relationship, Address, and Phone Number of Nearest Relative Not Living with You:

Name _____ Relationship _____ Phone Number _____

Address _____

Spouse/Co-Applicant Note: This information required only if he/she is liable for the account

Name (First M. Last) _____

Social Security Number _____ Date of Birth _____

Mailing Address _____ City State Zip _____

Physical Address _____ City State Zip _____

Home Phone _____ Day Phone _____ Drivers License Number _____

E-mail Address _____ Mother's Maiden Name _____

Previous Address _____ City State Zip _____

How long have you lived at your current address? _____ Previous address? _____

Employer _____ Position _____

of years with current employer _____ Gross Monthly Salary \$ _____

Other Income \$ _____ per month Source _____
(Income from Alimony, Child Support or Maintenance payments need not be revealed if the applicant does not wish it to be considered as a basis for repaying this obligation.)

Name, Relationship, Address, and Phone Number of Nearest Relative Not Living with You:

Name _____ Relationship _____ Phone Number _____

Address _____

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. What this means for 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.

Asset and Debt Information

() Checking () Savings () Money Market () Certificate of Deposit () Other

Bank Name _____ Account #'s _____

Real Estate Information: Rent Own Other

Mortgage Holder or Landlord _____ Value? \$ _____

Present Balance Owed \$ _____ Monthly Payment \$ _____

Description of collateral (include model, year, mileage, purchase price, address and any other relevant information depending upon the type of collateral)

Other Comments or Requests

Signatures

I hereby affirm that the information set forth in this application and in any supplemental attachments is true, accurate and complete and is made with the intent of obtaining credit from Arthur State Bank. I expressly authorize the bank to obtain and verify such information from my employer, any credit reporting agencies, any other person or source as may be desired in connection with representations made in this application for credit. I further authorize each source to provide Arthur State Bank with such information as may be requested. I agree that this application for credit shall remain Arthur State Bank's property whether or not any Credit Limit is granted. I/We fully understand that it is a federal crime punishable by fine and/or imprisonment, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1014.

This offer is subject to the credit policies of this institution. I / We agree to be bound by the terms and conditions of the bank card 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 this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

X _____ X _____
Applicant Signature Date: Co-Applicant Signature Date: