

CREDIT APPLICATION

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You

outside sources to confirm the informa	ation. The information	you provide is pro	otected by our privacy pol		instances we may use			
Section A: Applicant Information	on (A separate Credit	Application MU	IST be completed for AL	L Borrowers and C	o-Borrowers)			
✓ Borrower Co-Borr	rower Gu	arantor	Grantor	Other:				
Borrower's Full Name (First M.I. Last)			Former Names and Aliase	Former Names and Aliases				
Date of Birth	Social Security Number		Driver License Number	Yea	ars of Education			
Date of Birti	Social Security Humber		Diver License (varibe)		als of Education			
Home Phone	Work Phone		Mobile Phone	Age	es of Dependents			
Address	City CT 7in		County	Our or rout?	How Long (Yrs.)?			
Address	City, ST, Zip		County	Own or rent?	ent			
Prior Address (if Current Address < 3 Yrs.)	City, ST, Zip		County	Own or rent?	How Long (Yrs.)?			
					ent			
Name of Personal Reference	Address (Street or P.O. B	Box, City, State, Zip)	1	Phone Number	Relationship			
Complete only (4) if applying for it	oint or cooured aredit	t or (2) if applie	ant resides in a semmu	unity property state	or (2) if rolying on property			
Complete only: (1) if applying for journal content in such a state as a basis for				inity property state,	or (3) if relying on property			
Borrower: Married	Separated		Inmarried (including single	e. divorced. and wido	owed)			
Co-Borrower: Married	Separated	_	Inmarried (including single		,			
CO-Bollowel Platficu	эерагасей		Jilliamed (including single	e, divorceu, and wide				
Section B: Loan Information (N	ot necessary to ent	ter loan inform	nation if you are comp	oleting the Co-Bo	rrower Application)			
Account Requested Individual Joint	Amount	Requested	Number of Payments	Requested Paymer	nt Due Date (Day of Mo.)			
We intend to apply for joint credit.								
We intend to apply for joint oredit.	● Full	ly Amortizing	Single Pay					
Borrower Initials Co-Borrower		ly / lillor dzill-g	O Siligio : a,					
Specific Purpose of Loan	IIIIIIais							
			Collateral Offered to Secu	re Loan				
			Collateral Offered to Secu	re Loan				
	me Information		Collateral Offered to Secu	re Loan				
Section C: Employment & Incor								
			Collateral Offered to Security Business Address (Street,					
Section C: Employment & Incor				City, State, Zip Code)	oss Salary (Annual)			
Section C: Employment & Incor Employer (If Self-Employed, Name and Nature of Phone Number	of Business) Title / Position		Business Address (Street, Since (Mo./Year)	City, State, Zip Code)				
Section C: Employment & Incor Employer (If Self-Employed, Name and Nature of Phone Number Nimony, child support, or separate main	Title / Position ntenance income need		Business Address (Street, Since (Mo./Year) if you do not wish to have	City, State, Zip Code) Gro e it considered as a b	pasis for repaying this obligation.			
Section C: Employment & Incor Employer (If Self-Employed, Name and Nature of Phone Number Alimony, child support, or separate main Alimony, child support, separate main	Title / Position ntenance income need		Business Address (Street, Since (Mo./Year)	City, State, Zip Code)	pasis for repaying this obligation. Oral Understanding			
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Section C: Employment & Incor Employer (If Self-Employed, Name and Nature of Phone Number Alimony, child support, or separate main Alimony, child support, separate main	Title / Position ntenance income need tenance received under	er: Cou	Business Address (Street, Since (Mo./Year) if you do not wish to have	City, State, Zip Code) Gro e it considered as a k Written Agreement Have you previousl	Dasis for repaying this obligation. Oral Understanding Amount per Month ly received credit from us?			
Section C: Employment & Incor Employer (If Self-Employed, Name and Nature of Phone Number Phone Number Alimony, child support, or separate main Sources of Other Income	Title / Position ntenance income need tenance received under	er: Cou	Business Address (Street, Since (Mo./Year) if you do not wish to have	City, State, Zip Code) Gro e it considered as a k Written Agreement Have you previousl	Dasis for repaying this obligation. Oral Understanding Amount per Month			
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			Auton	obile	Payments				
Creditor	Automobile Description	Current Bal.	Mo. Payme		Creditor	Automobile D	escription	Current Bal.	Mo. Payment
							Totals:		
.			_		oan Payments				
Creditor	Collateral Description	Current Bal.	Mo. Payme	nt	Creditor	Collateral Des	scription	Current Bal.	Mo. Payment
				_					
							Totals:		
			Othor Dob	t Sory	rice Payments		Totals.		
Creditor	Collateral Description	Current Bal.	Mo. Payme		Creditor	Collateral Des	scription	Current Bal.	Mo. Payment
							Totals:		
	Plassa	complete the	following	additio	nal debt and financ	ial information			
	ricase	complete the	Fionowing	additio	mai debt and imanc	iai iiiioiiiiatioii.			
	ake Alimony, Support, or Maint	· ·	nts? To	Whom	(Include Address)			M	lo. Amount
No	Y								
	dorser, or guarantor on any lo		Fo	r Whom			o Whom		
No Are there any upsatisfic		es		14/1	0 1				
No	Are there any unsatisfied judgments against you? No Yes			Whom	Owed			A	mount
	□ NO □ Tes Have you been declared bankrupt in the last 10 years?			here				L	'ear
No No				11010					- Cui
Section E: Credi	t Life Insurance								
This section m	ay be completed later if	you desire to	first consu	ılt your	Loan Officer for de	tails regarding	both types	of insuranc	e groups.
Credit Life Insura	nce will pay the loan o	ff in the eve	ent of vour	death	while Disability In	surance will m	ake pavm	ents on the	loan
should you become	ne disabled. We strong								
types of insurance	e already in place.								
Would you like to	purchase Credit Life In	surance or [Disability Ir	suran	ce on this loan?		Yes		No
If yes, please indi	cate type(s) of insuranc	e and how i	t should be	styled	d.				
Type Insurance:	Credit Life	Disability			Style Insurance:	Individua	al 📗	Joint	
Section F: Other	Information								
Section F: Other	information								
Have you had loa	ns with First United Bar	nk in the pas	st?				Yes		No
Do you currently owe First United Bank on any loans?							Yes		No
							_	_	
Do you have any depository accounts with First United Bank?							Yes		No
Section G: CERT	IFICATION								
extension of such of	licants: A Consumer R credit. Upon request, you he and address of the cons	will be inform	ned whether	or not	a consumer report v				
approved. By signi	ning stated in this applica ng below, I authorize Firs erstand that I must update	t United Bank	k to check o	redit ar	nd employment histor	ry and to answer	questions		
Borrower's/Applicant's	2: 1					Date			

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INSURANCE DISCLOSURE FOR CREDIT APPLICATION					
Section A: Applicant					
Borrower Address					
Section B: Lender					
Posting Contra					
Banking Center Address City, ST, Zip					
Section C: Disclosure					
IMPORTANT					
DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT					
Purpose					
You have submitted an application for a loan. In connection with your loan application, Lender may be soliciting, offering					
to sell, or will sell you an insurance product or annuity. Federal law requires Lender to provide you with the following					
disclosures.					
Credit Disclosures					
1. Lender, as a condition of granting you a loan, cannot require that you purchase an insurance product or annuity from					
Lender or any of its affiliates.					
2. Lender, as a condition of granting you a loan, cannot require your agreement not to obtain or prohibit an insurance					
product or annuity from an unaffiliated entity.					
On this is Dr. Andrews and the country of					
Section D: Acknowledgement					
APPLICANT					
BY SIGNING BELOW, I ACKNOWLEDGEMENT THAT I HAVE READ, RECEIVED AND UNDERSTAND THIS					
INSURANCE DISCLOSURE.					
Borrower Signature Date					