

Please complete the form in detail. Please sign in the spaces provided and return to:

State Bank

P.O. Box B

La Grange, Texas 78945

Or Fax Signed, completed application to: (979) 968-9311

If you need assistance with this form or have any questions, please call our Customer Service Department at 800-879-0489.

Thank you for applying with State Bank.



Personal Loan Application

IMPORTANT INFORMATION ABOUT 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 to 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.

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I am applying for: \$					
Type of Loan: O Unsecured O	Auto O Boat	First Name	MI	Last Name	
O Debt Consolidation O Line of	Credit O Other	FIIST NATHE	IVII	Last Name	
Type of Application: O Individual	Mailing Address or P.O.	Pov			
O Individual with Cosigner O Joi	Mailing Address of P.O.	вих			
If you intend to apply for joint credit, please initial here:		0'1		01.1	7' 0 1
applicant	co-applicant	Co. Borroway Inform	ation (if annling	State	Zip Code
Loop Durnoo		Co-Borrower Inform	lation (ir applica	ible)	
Loan Purpose					
First payment date		First Name	MI	Last Name	
Personal Information					
		Social Security Number		Driver's Licer	se No. State Exp. Date
First Name Ad	Look Name				
First Name MI	Last Name	Mailing Address or P.O. Box			
Social Security Number	Driver's License No. State Exp. Date	City		State	Zip Code
Mailing Address or P.O. Box		Physical Address			
		,			
City	State Zip Code	City		State	Zip Code
		,	ive with parents		
Physical Address					
		monthly Hongmong	ago r ayrnont.		
City	State Zip Code	Years at This Address		Date of Birth	
O own O rent O live with parent	ts O other	Todis at Tills Additoss		Date of Dirti	
Monthly Rent/Mortgage Payment:	\$	Home Telephone		E-mail Addre	00
		потпе тетерионе		E-IIIaii Auure	55
Years at This Address	Date of Birth	Employer's Name		Morle Tolombe	nna
		Employer's Name		Work Telepho	one
Home Telephone	E-mail Address	0 "		V	
Financial Information		Occupation		Years with th	is Employer
		Mailian Adduses on DO	Davi		
	WITH	Mailing Address or P.O.	BOX		
Employer's Name	Work Telephone	O'th :		Ct-t-	7:- 0- 4-
	V	City		State	Zip Code
Occupation	Years with this Employer				need not be revealed if you
		ao not wish to have	it considered as	a dasis tor	repaying this obligation.
Mailing Address or P.O. Box					
		Gross Monthly Income		Other Monthl	y Income
City	State Zip Code	Source(s) of Other I	ncome:		
Alimony, child support, or separate maintenance need not be revealed if you		Signature(s)			
do not wish to have it considered as a basis for repaying this obligation.		Applicant Statement	r: I nave answer Vestigate me and	ea tnis appi. I mv co-ann	ication fully and truthfully. I licant's credit record and to
		check statements I'v	ve made. This al	pplication is	vour property and I under-
Gross Monthly Income	Other Monthly Income	stand you will keep	it whether or no	t I receive th	e credit I've asked for.
Source(s) of Other Income:					
If less than 2 years with current employer, who was your previous		Signature of Applicant			Date
employer?					
Checking: O with State Bank	O with Other	Signature of Co-Borrow	er		Date
Savings: O with State Bank	O with Other	All loans subject to	credit approval.	. May requii	re property insurance.
Office Use Only					
Banking Center Number	Initials				