

CREDIT APPLICATION

The Blanco National Bank, P.O. Box 38, Blanco, TX 78606

Amount Requested \$ _____ Proceeds To Be Used For: _____

TERMS: Single Payment => Payment Date Desired (if monthly) _____

Secured Unsecured Individual Credit Joint Credit

Name: _____

(Last, First, Middle)

Address (mailing and physical): _____

(P.O. Box & Street, City, State, Zip Code)

Date of Birth: ____/____/____ SSN: ____-____-____ Driver's License: State ____ # ____

Phone Number: _____ Number of Dependents: _____ Ages=> _____

How Long at Current Address: ____ Years ____ Months Own Rent => Monthly Payment Amount \$ _____

Previous Address: _____

(P.O. Box & Street, City, State, Zip Code)

Name and Address of Current Employer: _____

(Name of Business)

(Street, City, State, Zip Code)

Business Phone: _____ Length of Employment: _____ Position: _____ Mo. Take Home Salary \$ _____

Name and Address of Previous Employer: _____

Name and Address of Nearest Relative (not living with you): _____

Relationship of Relative: _____

Phone Number: _____

ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT 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: _____ Amt. Per Month: _____

******* JOINT APPLICANT OR OTHER PARTY *******

Name: _____

(Last, First, Middle)

Address (mailing and physical): _____

(P.O. Box & Street, City, State, Zip Code)

Date of Birth: ____/____/____ SSN: ____-____-____ Driver's License: State ____ # ____

Phone Number: _____ Number of Dependents: _____ Ages=> _____

How Long at Current Address: ____ Years ____ Months Own Rent => Monthly Payment Amount \$ _____

Previous Address: _____

(P.O. Box & Street, City, State, Zip Code)

Name and Address of Current Employer: _____

(Name of Business)

(Street, City, State, Zip Code)

Business Phone: _____ Length of Employment: _____ Position: _____ Mo. Take Home Salary \$ _____

Name and Address of Previous Employer: _____

Name and Address of Nearest Relative (not living with you): _____

Relationship of Relative: _____

Phone Number: _____

ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT 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: _____ Amt. Per Month: _____

IF THIS IS A BUSINESS PURPOSE LOAN PLEASE FILL OUT THE SECTION BELOW - IF NOT CONTINUE TO BACK PAGE

Yes No N/A

Do you accept checks payable to your business?

IF YES, ANSWER THE FOLLOWING QUESTIONS:
IF NO, DISREGARD THIS SECTION AND CONTINUE ON BACK.

Are you a DBA (Doing Business As)?

Do you have DBA Papers/Assumed Name Certificate?

Do you have a Borrowing Resolution?

Are you a Sole Proprietorship?

Do you have DBA Papers/Assumed Name Certificate?

Business Name

Are you a Partnership?

Do you have a Partnership Agreement?

Do you have a Borrowing Resolution?

Address

Phone

Fax

Are you a Corporation?

Do you have a Corporate Borrowing Resolution?

Do you have Articles of Incorporation?

Tax ID #

Are you a Non-Profit Organization?

Do you have a Borrowing Resolution or Minutes (showing who can borrow)?

MARITAL STATUS

Applicant: Married Unmarried Separated (Including single, divorced, widowed)
 Other Party: Married Unmarried Separated (Including single, divorced, widowed)

ASSET AND DEBT INFORMATION

ASSETS	Name in which account is carried	Subject to Debt?	Value
Checking			
Savings/CDs			
Securities			
Real Estate			
Life Insurance			
Automobiles			
Other			
TOTAL ASSETS			

Use separate sheet if more space is required on assets or debts

DEBTS: CREDITOR	Account #	Name in which account is carried	Original Amount	Present Balance	Monthly Payment
Total Debts =>					

COMPLETE THE FOLLOWING INFORMATION

Are you obligated to make Alimony, Support or Maintenance Payments? Yes No
 If yes, for whom? => _____ To Whom? => _____

Are you a co-maker, endorser, or guarantor on any loan or contract? Yes No
 If yes, for whom? => _____ To Whom? => _____

Are there any unsatisfied judgements against you? Yes No
 If yes, for whom? => _____ To Whom? => _____

Have you been declared bankrupt in the last ten years? Yes No
 If yes, where? => _____ Year? => _____

COLLATERAL OFFERED FOR THIS LOAN

Property Description: _____
 Name and Address of All Co-Owners of Property: _____

 If the security is real estate, give the full name of your spouse (if any): _____

Signatures: I certify that everything I have stated in this application and on any attachments is true and correct. By signing below I authorize you to check my credit and employment history. I understand that I must update credit information at your request.

Applicant: _____ Date: _____ Other Signature: _____ Date: _____
 Applicant reviewed and shows no significant change as of:
 Signature: _____ Date: _____ Signature: _____ Date: _____

The Blanco National Bank

Personal
Financial Statement as of _____

NAME	DATE OF BIRTH	EMPLOYER	YEARS
HOME ADDRESS	SOCIAL SECURITY NUMBER	BUSINESS ADDRESS	PHONE
	DRIVER'S LICENSE NUMBER		
NAME OF SPOUSE (if married see note on pg 4)		OCCUPATION POSITION	YEARS

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
CASH (Schedule 1)	In This Bank	MORTGAGES PAYABLE (Schedule 7)	Homestead
	In Other Institutions		Other Wholly-Owned R/E
SECURITIES (Schedule 2)	Marketable		Partially Owned in R/E
	Not Publicly Traded	NOTES PAYABLE (Schedule 6)	To This Bank
ACCOUNTS RECEIVABLE			Other Notes Payable
NOTES RECEIVABLE (Schedule 3)		OIL & GAS RELATED DEBT (Schedule 8)	
NET CASH VALUE OF INS. & ANNUITIES (Schedule 4)		TAXES OWING	Income Taxes
REAL ESTATE (Schedule 7)	Homestead		Other Taxes
	Other Wholly-Owned R/E	ACCOUNTS PAYABLE	
	Partially Owned in R/E	ESTIMATED CREDIT CARD BALANCE	
OIL & GAS RELATED DEBT (Schedule 8)		OTHER LIABILITIES (Itemize on page 4)	
AUTOMOBILES			
DEFERRED COMP. & RETIREMENT PLANS (Schedule 5)			
PERSONAL PROPERTY		TOTAL LIABILITIES	
OTHER ASSETS (Itemize on page 4)		NET WORTH (Assets less Liabilities)	
TOTAL ASSETS		TOTAL CONTINGENT LIABILITIES (Schedule 9)	

INCOME/EXPENSE INFORMATION					
SOURCES OF CASH (See note 2 on page 4)		LAST YEAR	THIS YEAR	USES OF CASH	THIS YEAR
RECURRING	SALARY & WAGES			EXPENSES	INCOME TAXES & FICA
	COMMISSIONS, BONUS, ETC.				OTHER PAYROLL DED.
	INTEREST & DIVIDENDS				LIVING EXP. & MISC.
	RENTAL INCOME				RENTAL EXPENSES
	OIL & GAS REV. AFTER OP. EXP.				OIL/GAS CAP EXPEND.
	OTHER BUSINESS INCOME				OTHER BUSINESS EXP.
	OTHER:				OTHER:
SUBTOTAL				SUBTOTAL	
NON-RECURRING	COMMISSIONS, BONUS, ETC.			DEBT SERVICES	REG./SCHED. PYMTS
	SALE OF ASSETS				OTHER INTEREST
	TAX REFUND				OTHER PRINCIPAL
	OTHER				CONTINGENT LIAB.
TOTAL CASH SOURCES				TOTAL CASH USES	
				NET CASH FLOW	

The above financial and supporting schedules, which are submitted to you (Lender) for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information of this statement is a criminal offense under law punishable by a fine and/or imprisonment. I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me. It is understood that the information provided herein may be shared with any subsidiary or affiliate.

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____

SCHEDULE 1 - BANKING RELATIONS- DEPOSITORY ACCOUNT					
NAME(S) ON ACCOUNT	BANK NAME AND LOCATION	BALANCE	TYPE OF ACCT.	ACCOUNT #	PLEGDED?
TOTAL THIS BANK				TOTAL IN OTHER INSTITUTIONS	

SCHEDULE 2 - STOCKS AND BONDS								
NAME OF ISSUER	WHERE TRADED	SHAPES OF PAR	MARKET PER SHARE	MARKET VALUE	COST	PLEGDED? YES OR NO	RESTRICTED? YES OR NO	REGISTERED IN THE NAME OF
TOTAL MARKETABLE					TOTAL NOT TRADED			

RESTRICTED MEANS TRADING OF THE SECURITY IS SUBJECT TO LIMITATIONS DUE TO LETTER LEGEND OR CONTROL

SCHEDULE 3 - NOTES RECEIVABLE							
DUE FROM	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	PAYMENT TERMS	COLLECTABLE? YES OR NO	COLLATERAL
TOTAL TO PAGE 1							

SCHEDULE 4 - LIFE INSURANCE AND ANNUITIES (Including employer provided)							
COMPANY	FACE AMOUNT	BENEFICIARY	CASH VALUE	POLICY LOAN	NET CASH VALUE	INSURED	PLEGDED? YES OR NO
TOTAL TO PAGE 1							

SCHEDULE 5 - DEFERRED COMPENSATION & RETIREMENT PLANS							
TRUSTEE OR PLAN ADMINISTRATOR	TYPE OF ACCOUNT	BENEFICIARY	BALANCE/VALUE	PLAN LOAN	NET PLAN VALUE	IN NAME OF	ACCESS RATES
TOTAL TO PAGE 1							

RESTRICTED MEANS TRADING OF THE SECURITY IS SUBJECT TO LIMITATIONS DUE TO LETTER LEGEND OR CONTROL

SCHEDULE 6 - NOTES PAYABLE (Include mortgages listed in Schedules 7 & 8)							
DUE TO	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	PAYMENT TERMS	CURRENT? YES OR NO	COLLATERAL**
TOTAL TO PAGE 1							

MONTHLY BUDGET ESTIMATE
FOR

(Name of Applicant)

Date: _____

Officer: _____

INCOME

MONTHLY AMOUNTS

- | | |
|--|----------|
| 1) Gross Salary (including Spouse) | \$ _____ |
| 2) Less Withholdings (taxes, benefits, etc.) | _____ |
| 3) Plus all OUTSIDE income, NET | _____ |
| 4) TOTAL TAKE HOME PAY (total items 1 & 3 minus 2) | \$ _____ |

FIXED EXPENSES

- | | |
|--|----------|
| 5) Rent or Mortgage Payments | \$ _____ |
| 6) Payment on _____ cars | _____ |
| 7) Existing Bank Loan Payments | _____ |
| 8) Finance Companies | _____ |
| 9) Utilities (phone, water, electric, gas) | _____ |
| 10) Taxes (other than income) | _____ |
| 11) Other fixed payments | _____ |
| 12) Credit Cards (minimum monthly amounts) | _____ |
| 13) TOTAL FIXED EXPENSES (total items 5 -12) | \$ _____ |

DISCRETIONARY EXPENSES

- | | |
|--|----------|
| 14) Food to feed _____ in family | \$ _____ |
| 15) Gasoline and Car Maintenance | _____ |
| 16) Insurance (life, home, car, etc.) | _____ |
| 17) Clothing & household goods | _____ |
| 18) Medical | _____ |
| 19) TOTAL DISCRETIONARY EXPENSES (total items 14 - 18) | \$ _____ |

NET FUNDS REMAINING (total item 4 less items 13 and 19) \$ _____

Below Section is for Officer Use Only

FIXED/NET INCOME RATIO: _____ (with current debt)	FIXED/NET INCOME RATIO: _____ (with new debt)
--	--

Statement reviewed and shows no significant changes as of:

Date	Signature	FIXED/NET INCOME RATIO: _____
_____	_____	FIXED/NET INCOME RATIO: _____
_____	_____	FIXED/NET INCOME RATIO: _____
_____	_____	FIXED/NET INCOME RATIO: _____

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

I have applied for an extension of credit with you. You are soliciting, offering, or selling me an insurance product or annuity in connection with this extension of credit.

FEDERAL LAW PROHIBITS YOU FROM CONDITIONING THE EXTENSION OF CREDIT ON EITHER:

1. My purchase of an insurance product or annuity from you or from any of your affiliates; or
2. My agreement not to obtain, or a prohibition on me from obtaining, an insurance product or annuity from an unaffiliated entity.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

Consumer

Date

Consumer

Date