



DATE

Name		THIS STATEMENT IS SUBMITTED IN SUPPORT OF: <input type="checkbox"/> Direct Debt <input type="checkbox"/> Indirect Debt (Please indicate Borrower's Name)			
Marital Status - <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried		Date of Birth	Spouse's Name		No. of Dependents
Present Address		Zip Code	How Long	Mailing Address (if different from residence)	
Former Address (if at present address less than 3 years)		How Long	Former Bank (if new customer)		
Employed By:		How Long	Position	Applicant's Social Security No.	
Spouse's Employer (if credit is joint with spouse)		How Long	Position	Spouse's Social Security No.	
My Bank	Checking Account No.	Savings Account No.	Home Phone	Bus. Phone	

BALANCE SHEET

FILL IN ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION

ASSETS (Do not indicate assets of doubtful value)		Round to Nearest Dollar	LIABILITIES (Include All Direct Liabilities)		Round to Nearest Dollar
1. Cash in Checking at First Bank & Trust of Mississippi		\$	19. Commercial Debt at First Bank & Trust of Mississippi		\$
2. Cash in Savings at First Bank & Trust of Mississippi			20. Installment Loans at First Bank & Trust of Mississippi		
3.			21. Debt at Other Financial Institutions		
4. Cash at Other Financial Institutions			22. Automobile Loans		
5. Automobiles			23.		
6.			24.		
7. Vested interest in Deferred Compensation Plans			25.		
8. Stocks and Bonds – Schedule A			26. Unpaid Income Tax		
9. Securities Held By Brokers In Margin Accounts			27. Due to Brokers		
10. Real Estate Owned – Schedule B			28. Real Estate Mortgages Payable – Schedule B		
11. Partial Interest in Real Estate – Schedule C			29. Partial Interest in Real Estate Mortgages – Schedule C		
12. Cash Value of Life Insurance – Schedule D			30. Loans Against Life Insurance – Schedule D		
13. Other Assets (itemize)			31. Other Debt – Schedule E		
14.			32. Other Liabilities (itemize)		
15.			33.		
16.			34.		
17.			35. TOTAL LIABILITIES		\$
18. TOTAL ASSETS		\$	36. NET WORTH (LINE 18 LESS LINE 35)		\$
ANNUAL SOURCE OF INCOME			CONTINGENT LIABILITIES (Itemize Separately)		
* 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.			Contested Taxes Payable		
INCOME: SOURCE FOR YEAR END 19__			As Endorser, Co-maker, or Guarantor		
SPOUSE			On Leases or Contracts		
Salary		\$	Legal Claims		
Bonus & Commission			Other:		
Dividends & Interest			GENERAL INFORMATION		
Real Estate Income (net after mortgage payments and expense)			Do you have a will? If yes, name executor.		
Other Income – Itemize			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$		Are you a defendant in any suit or legal action? If yes, explain.		
	\$		Have you ever taken bankruptcy? If yes, explain.		
Total Income	\$	\$			
Total Income Previous Year	\$	\$	If married, do you have a matrimonial agreement (marriage contract, separate property agreement, etc.)? If yes, please provide a copy with this statement. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Annual Salary	\$	\$			

COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE

SCHEDULE A STOCKS AND BONDS						
Description	In Name Of	Separate Property	No. of Shares	VALUE PER SHARE	TOTAL VALUE	Pledged or Assigned to
<i>Total Carried Over to Line 8</i>					\$	

SCHEDULE B REAL ESTATE OWNED									
DESCRIPTION AND LOCATION OF PROPERTY AND IMPROVEMENTS	Separate Property	Date of Acquisition	Title in Name of	Cost	Market Value	Mortgage Amount	Mortgage		
							Mo. Payments	Rate	Held By
<i>Total Carried Over to Lines 10 and 28</i>				10		28			

SCHEDULE C PARTIAL INTEREST IN REAL ESTATE EQUITIES (*INCLUDES ENTIRE COMMUNITY PORTION)										
DESCRIPTION AND LOCATION OF PROPERTY AND IMPROVEMENTS	Separate Property	Date of Acquisition	Total Cost	Total Mkt. Value	Total Mortgage	% Ownership	My Portion of Mkt. Value	My Portion Of Mortgage	Mortgage Held By	
<i>Total Carried Over to Lines 11 and 29</i>							11	29		

SCHEDULE D LIFE INSURANCE						
NAME OF COMPANY	Face Amount	Cash Value	Amount Of Loan	Policy Owner	Beneficiary	Pledged or Assigned to
<i>Total Carried Over to Lines 12 and 30</i>		12	30			

SCHEDULE E ALL OTHER DEBT (Including all VISA and MasterCard debt)				
NAME OF CREDITOR	Date Incurred	Amount Owing	How Payable	Security
<i>Total Carried Over to Line 31</i>		31		

<p>In order to induce the above named bank to grant or extend loans for which I am directly or contingently liable, I hereby represent and warrant the above information to be true and complete. I hereby authorize the bank to obtain information concerning any statement made herein. This authorization is continued until such time any and all obligations have been satisfied in full. The Bank is further authorized to investigate my personal credit history under the bank's discretion, including by not limited to pulling credit reports from Equifax, Transunion and Experian, as well as personally contacting credit references. This statement remains the bank's property whether the loan is or is not granted. You are authorized to furnish information to others regarding your credit experience with me/us.</p>	Date Signed
	Signature
	Signature

"PLEASE REMEMBER TO SIGN AND DATE YOUR STATEMENT"