



IMPORTANT: Please read these directions before completing this Application, and check () the appropriate box below. If you are applying for individual credit in your own name, and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested complete only Sections A and D. If the requested credit is to be secured, also complete the first part of Section C and Section E. If you are applying for joint credit with another person, complete all Sections except E, providing information in B about the joint applicant. If the requested credit is to be secured, then complete Section E. WE INTEND TO APPLY FOR JOINT CREDIT: APPLICANT Chanute, KS 66720 PO Box 538 www.boc-ks.com CREDIT APPLICATION Erie, KS 66733 PO Box 48 Closed End, Secu

If you are applying credit requested	REPLICANT APPLICANT APPLICANT APPLICANT APPLICANT CO-APPLICANT CO-	ying on incor	ne from allmony ossible, providin	g information is	or separate maintena B about the person of	DE OF ON THE IN	ny, support	sets of another pera , or maintenance pa	son as the basis for repa syments or income or as	lyment of the sets you are
To help the gove person who oper that will allow us	IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT TO help the government light the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, a person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer id that will allow us to identify you. We may also ask to see your driver's icense or other identifying documents. We will not you know it additional information in	MPORTANI sm and mone or you: When to see your o	r INFORMATIO ey laundering act n you open an ac driver's license o	IVITIES, the USA COUNT, WE WILL COUNT, WE WILL	OCEDURES FOR OF Patriot Act requires a ask for your name, ph ng documents. We w	ENING A NEV all financial insti ysical address, ill et you know	W ACCOUN itutions to o date of bird if additiona	IT btain, verify, and re h, taxpayer identific information is requ	and record information that identifies each lentification number and other information is required.	entifies each information
AMOUNT REQUESTED	PAYMENT DATE DESIRED	REO ,	PROCE	PROCEEDS OF CREDIT TO BE USED FOR	BE USED FOR					
SECTION A - II	SECTION A - INFORMATION REGARDING APPLICANT	NG APPLI								ASTRUMENT A
FULL NAME (Last, First, Middle)	de)			BIRTH DATE	HOME PHONE	6	CELL PHONE		BUSINESS PHONE	Ext
Are you a member of duty or on active Guar	Are you a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?	in active	∐ Yes		Are you a dependent of a member of the armed forces on active duty or on active Guard or Reserve duty?	endent of a member or on active Guard (r of the armed for or Reserve duty?	who	is serving \(\subseteq \text{No} \) \(\subseteq \text{Yes} \)	
-	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	ж	DATE OF EXPIRATION		SOCIAL SECUR	SOCIAL SECURITY NO. or TAX LD NO.		
	STATE ID GARD NO.	STATE	DATE OF ISSUANCE	m	DATE OF EXPIRATION		MILITARY ID			
Ş a≜	PASSPORTING, & COLIVIEY OF ISSUANCE.	INDIVID	I NOINIDUAL TAXPAYER ID NO.		NO TAXPAYER ID NO., BUT HAVE FILED APPLICATION FOR ONE, WHEN FILED:	AND COUNTRY OF ISSUANCE:	OF ISSUANCE:	NEWT NO.	OTHER (TRIBAL ID, ETC.)	
PHYSICAL RESIDENTIAL OF	PHYSICAL RESIDENTIAL OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (SINCAL PO BOX, CITY, SIMA, & ZIP) OY, IF MILITARY, APO OR FPO ADDRESS OY: IF MA, NEXT OF KIN OR FRIEND	NG ADDRESS (S	Street, PO Box, City, S	State, & Zip) or; IF h	MLITARY, APO OR FPO ADD	RESS or: IF WA, NE	EXT OF KIN OR	FRIEND	HOW LONG AT PRESENT ACCIDENCE	PRESENT
PREVIOUS ADDRESS (Street, City, State,	, City, State, & Zip)					PREVIOUS ADDRESS?	-	EMAIL ADDRESS		
PRESENT EMPLOYER (Company Name & Address)	pany kame & Address)				оссиратом	POSITION OR TITLE		HOW LONG WITH PRESENT EMPLOYER?	NAME OF SUPERVISOR	
PREVIOUS EMPLOYER (Company Name & Address)	spany Name & Address)								HOW LONG WITH PREVIOUS EMPLOYER?	SEMPLOYER?
YOUR PRESENT GROSS SALARY OR COMMISSION S PER		JR PRESENT NE	YOUR PRESENT NET SALARY OR COMMISSION	NOISSION	NO, DEPENDENTS	AGES Q	AGES OF DEPENDENTS	S		
Alimony, child sup Alimony, child supp	Alimony, child support, or separate maintenance income need not be revealed if you do Alimony, child support, or separate maintenance received under:	received ur	need not be re	vealed if you Court Order	do not wish to have it cons ☐ Written Agreement	re it considere	ed as a ba	not wish to have it considered as a basis for repaying this obligation. Written Agreement □ Oral Understanding	this obligation.	
S	PER	SOUNCES OF OTHER INCOME	RCOME				cre cre	Have you ever received credit from us?	d □ No □ Yes - When?	
Is any income listed in reduced before the cre	Is any income listed in this Section likely to be Wigneduced before the credit requested is paid off? Wigneduced before the credit requested is paid off? Wigneduced before the credit requested in the world with your world you would not be the world you would not be with your world you would not be with you would not be with your world your world you would not be with your world you would not be with your world you would not be with your world your world you would not be with your world your world you would not be with your world your world you would not be with your world your world your world your world you would not be with your world your world your world your world your world your world you would you wo	Yes (Explain)			Checking Acct, No. Savings Acct, No.	2 2 2	BEI ATIONEIII	Where?	3	
SECTION B IN	EORMATION RECARDIN	TIMO	ADDI ICANT	OB OTHER	BABTY / I loo so	name choos	1			
FULL NAME (Lest, First, Mid	FULL NAME (Lest, First, Middle): RELATIONSHIP TO APPLICANT BIRTH DATE HOME PHONE (If Arry)		RELATIONSHIP TO: (If Arry)	APPLICANT BIRT	H DATE HOME PHON		CELL PHONE	ME	BNOH4 SSBNISHB	Ε'n
Are you a member of the armed forces we duty or on active Guard or Reserve duty?	Are you a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?	on active	□ No □ Yes		Are you a depende on active duty or o	ent of a member on active Guard	r of the arm or Reserve	Are you a dependent of a member of the armed forces who is serving on active duty or on active Guard or Reserve duty?	:rving	
ARE YOU A U.S. PERSON?	DRIVERS LICENSE NO.	STATE	DATE OF ISSUANCE	H	DATE OF EXPIRATION		SOCIAL SECURITY NO	HTY NO. or TAX LD NO.		
□ YES S	STATE ID GASD NO.	STATE	DATE OF ISSUANCE	Ж	DATE OF EXPIRATION		MILITARY ID			
হ ভূ	PASSPORT NO. & COUNTRY OF ISSUANCE	INCM	INDIVIDUAL TAXPAYER ID NO.		NO TAXPAYER ID NO., BUT HAVE BLED:	AND COUNTRY OF ISSUANCE:	OF ISSUANCE	ZENT NO.	OTHER (TRIBAL ID, ETC.)	
PHYSICAL RESIDENTIAL OF	OR BUSINESS STREET ADDRESS AND MAILING ADDRESS (Street, PO Box, City, State,	NG ADDRESS (S	Street, PO Box, City, S		& Zip) or; IF MILITARY, APO OR FPO ADDRESS or,)RESS or, IF N/A, NE	IF N/A, NEXT OF KIN OR FRIEND	FRIEND	HOW LONG AT PRESENT ADDRESS?	DRESS?
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PREVIOUS EMPLOYER (Company Name & Address)	rpary Name & Address)				НО	W LONG WITH PHE	VIOUS EMPLOY	HOW LONG WITH PREVIOUS EMPLOYER? EMAIL ADDRESS		
YOUR PRESENT GROSS SA	GROSS SALARY OR COMMISSION YOU PER \$	JA PRESENT NEI	YOUR PRESENT NET SALARY OR COMMISSION \$ PER:	NOISSII	NO. DEPENDENTS	0 8394	OF DEPENDENTS	cs		
Alimony, child sup Alimony, child supp	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, or separate maintenance received under: — Court Order — Written Agreement — Oral Understanding	received ur	need not be re	vealed If you urt Order I	do not wish to have Written Agreemen	re it consider ent □ Oral	ed as a ba I Understa	isis for repaying inding	this obligation.	
S PE	SOURCES OF	SOURCES OF OTHER INCOME				Has Joint App ever received	Has Joint Applicant or Other ever received credit from us'	licant or Other Party	☐ No ☐ Yes - When?	
is any income listed in reduced before the cre	Is any income listed in this Section likely to be Delay No reduced before the credit requested is paid off? Pes	s (Explain)			Checking Account No.	# # #	35 35 36 38	Where?	* * * * * * * * * * * * * * * * * * * *	× × ×
NAME & ADDRESS OF NEAF	NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU						RELATIONSHIP		TELEPHONE NO. (Include Area Code)	(ade)
APPLICANT -	MARITAL STATUS (Do not	complete ied (Including	(Do not complete if this is an Application Unmarried (Including single, divorced, or widowed)		for individual unsecured credit.	ecured credi	it.)			
OTHER PARTY 1	OTHER PARTY Married Separated Dinmarried (Including Course), 2015, Professional Bank Forms Co.; Bax 759- Oxford, KS 67119	rd, KS 67119	Unmarried (Including single, divorced, or widowed) 759, Ovind, KS 67119	r widowed)						Form 5010D - 7/

y: (1) The exception insurance product or le loss of purchase you from	r an annuit ; (2) With il Deposit insurance p the possib g; (1) Your nibition on	ance product or an annuity: (1) The our affiliate(s); (2) With exception by the Federal Deposit Insurance he case of an insurance product or fuct, including the possible loss of of the following: (1) Your purchase of an insurance product or the following: (1) Your purchase of the following: (1) Your purchase tain, or a prohibition on you from	Chase an insur- is institution or is institution or y is <u>not insured</u> y); and (3) In the insurance produce credit on either ment not to ob	CREDIT DISCLOSURES ad to you. If you purchase a regular of the purchase a regular of the product of annuity is not on a fill at left; and (speciated with the insurance on an extension of credit on or, (2) Your agreement not.	FEDERAL CONSUMER CREDIT fuct or annuity may be offered to you. It is to other obligation of, or guarant op Insurance, the insurance product nited States, this institution, or our there is investment risk associated a offered we cannot condition an extens or any of our affiliates; or, (2) Yey from an unaffiliated entity.	FEDERA surance product or and is not a deposit or other is defined. State of the United States is streent risk, there is a tor annuity from us or any uct or annuity from an annuity from	CREDIT DISCLOSURES: An insurance product or annuity may be offered to you. If you purchase an insurance of Federal Flood Insurance or Federal Crop Insurance, the Insurance product or annuity is not a deposit or other obligation of, or guaranteed by, this institution or our affiliate(s); and insurance or Federal Crop Insurance, the Insurance product or annuity is not insured by the Corporation or any other agency of the United States, this institution, or our affiliate(s); and (3) in the calcium of the investment risk, there is investment risk associated with the insurance product, yalue. If an insurance product or annuity is offered we cannot condition an extension of credit on either of the of an insurance product or annuity from us or any of our affiliates; or, (2) Your agreement not to obtain, obtaining, an insurance product or annuity from an unaffiliated entity.	9 9 15 2 C 9 3 10
Form 501CD - Rev. 7/1	Form 50			X rforation)	X {Tear at perforation}	orms Co.; Oxford, KS 67119	Copyright, 2012, 2015; Professional Bank Forms Co.; Oxford, KS 67119	@ ×
s are provided sures orally at am also being ny signature.	edit Disclosurei le Czedit Disclos noted above. I : receipt by m DAFE	s) by mail or if the Crithat I have received the stand the disclosures and I acknowledge	he insurance product(s whow, I acknowledge to credit and fully unders if these disclosures plicable)	Unless I have purchased the insurance product(s) by mail or if the Credit Disclosures are provided effectionically, by slighing bellow, I acknowledge that I have received the Credit Disclosures orally at the time I have applied for credit and fully understand the disclosures noted above. I am also being provided with a copy of these disclosures and I acknowledge receipt by my signature OTHER SIGNATURE (Where Applicable)	vledge. I understand that d to check my credit and experience with me. DATE	n is correct to the best of my know it is approved. You are authorize istions about your credit i	Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and answer questions about your credit experience with me. APPLICANT'S SIGNATURE DATE	A SY
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त त त		urity:	erty to be given as sec	iefly describe the property	to be secured.) Br	(Complete only if credit	SECTION E - SECURED CREDIT (Complete only if credit is PROPERTY DESCRIPTION	3 8
			'Bar?		Use separate sheet if necessary.)	Yes - Whore? limony, child support, separate maintenance.	bility to pay alim	OT IS
			wed?	If 'Yes' To Whom Owed?		- Amount \$	₽ D	Hau
			To Wham?	Io wi		No Yes - Fer Whose?	Are you the co-maker, anderser,	er e
					7)		MY AUTO I NSURANCE AGENT IS: (Name & Address)	ş
				69				
WD OFF	DATE PAID OFF	6		4			CREDIT REFERENCES (Paid off Accounts)	
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	co	S	- 5	64		□ Marigage	אוטריטעה הגי שמיני וויאמכ נוסרתבני	5
PAST DUE? Yes / No	MONTHLY PAYMENTS	PRESENT MON BALANCE PAYM	GINAL	OUNT IS CARRIED	NAME IN WHICH ACCOUNT IS CARRIED	1 > _	CREDITOR	
	sary)	ate sheet if neces	s, etc. Use separate sh	contracts, credit cards, rent, mortgages, etc.	ent contracts, credit	charge accounts, installm	TOTALASSETS OUTSTANDING DEBTS (Include charge	0
							OTHER (L'SI)	9
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				-			Jirad.	픙
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id, only give	not completed, only give	B Was	Applicant in this Se	Applicant-related information with an "A". If Section information about the Applicant in this Section.	son. Please mark	Completed, this Section should be completed blicant and Joint Applicant or Other Pera	about both the Applicant and Joint Applicant or Other Person. Please mark ASSETS OWNED (Use separate shoet if necessary.)	A B =
anh aha		D	iiVa wa wajin majiram	A Ilaawe palaead lafa	alular information	ORMATION Oration should be completed	SECTION D - ASSET & DEBT INFORMATION If Section B has been completed this Section should	= 8

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