

MINNESOTA NATIONAL BANK



SAUK CENTRE
 235 Main Street
 Sauk Centre, MN 56378
 P: 320-352-5211 F: 320-352-6837
 Toll Free: 877-655-5211

LONG PRAIRIE
 706 Commerce Rd
 Long Prairie, MN 56347
 P: 320-732-2133 F: 320-732-6943
 Toll Free: 877-732-2133

Pelican Rapids
 1001 S Broadway
 Pelican Rapids, MN 56572
 P: 218-863-6688 F: 218-863-6650
 Toll Free: 877-863-6688

CONSUMER CREDIT APPLICATION

MEMBER FDIC



Application Taken:

- In Person Verbal Insurance Disclosure
 Telephone Verbal Insurance Disclosure
 By Mail

Date: _____

- Application is for: Individual Credit Joint Credit (Spousal) Joint Credit (Non-Spousal)
- Purpose of Loan:
- | | | |
|---|---|---|
| <input type="checkbox"/> Auto Purchase | <input type="checkbox"/> RV/Travel Trailer Purchase | <input type="checkbox"/> Recreational Unit Purchase |
| <input type="checkbox"/> Auto Refinance | <input type="checkbox"/> Purchase/Refi Mobile Home | <input type="checkbox"/> Home Equity LOC |
| <input type="checkbox"/> Debt Consolidation | <input type="checkbox"/> Personal Expenses | <input type="checkbox"/> Personal Investment |
| <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> Vacation | <input type="checkbox"/> Other: _____ |
- Type of Loan: Installment Single Pay Overdraft Protection Home Equity Line of Credit

Loan Amount Requested: _____ For How Long: _____ Payment Date Desired: _____

Collateral Offered, If requesting secured credit: _____

| APPLICANT | CO-APPLICANT |
|--|--|
| <i>First, Middle Initial, Last Name:</i> | <i>First, Middle Initial, Last Name:</i> |
| <i>Present Street Address:</i> | <i>Present Street Address:</i> |
| <i>Present City, State, Zip</i> | <i>Present City, State, Zip,</i> |
| <i>Social Security Number:</i> | <i>Social Security Number:</i> |
| <i>Birthdate:</i> | <i>Birthdate:</i> |
| <i>Home telephone #</i> | <i>Home telephone #</i> |
| <i>Cell Phone #</i> | <i>Cell Phone #</i> |
| <i># of Household Members:</i> | <i># of Household Members:</i> |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent (IF RENT) → | <input type="checkbox"/> Own <input type="checkbox"/> Rent (IF RENT) → |
| <i>Time at Present Address:</i> | <i>Time at Present Address:</i> |
| <i>Previous Address (If less than 2 years)</i> | <i>Previous Address (If less than 2 years)</i> |
| <i>Previous City, State, Zip:</i> | <i>Previous City, State, Zip:</i> |
| <i>Time at Previous Address:</i> | <i>Time at Previous Address:</i> |
| <i>Employer:</i> | <i>Employer:</i> |
| <i>Employer Street Address:</i> | <i>Employer Street Address:</i> |
| <i>Employer City, State, Zip:</i> | <i>Employer City, State, Zip:</i> |
| <i>Business Telephone:</i> | <i>Business Telephone:</i> |
| <i>Occupation:</i> | <i>Occupation:</i> |
| <i>Time with Present Employer:</i> | <i>Time with Present Employer:</i> |
| <i>Time in Profession</i> | <i>Time in Profession</i> |
| <i>Monthly Gross Salary</i> | <i>Monthly Gross Salary</i> |
| <i>Previous Employer (If less than 2 years)</i> | <i>Previous Employer (If less than 2 years)</i> |
| <i>Length at Prevoius Employer:</i> | <i>Length at Prevoius Employer:</i> |
| <i>Other Income Source*</i> | <i>Other Income Source*</i> |
| <i>Other Monthly Income*</i> | <i>Other Monthly Income*</i> |
| <i>Closest relative not living with you (other than co-applicant) (complete name, address and telephone #)</i> | <i>Closest relative not living with you (other than co-applicant) (complete name, address and telephone #)</i> |

FINANCIAL INFORMATION

| | | | |
|--------------------------|-------------------------|----------------------|-----------------------------------|
| Home Financed by: | Estimated Value: | Loan Balance: | Monthly Payment (P&I): |
|--------------------------|-------------------------|----------------------|-----------------------------------|

| | |
|------------------------------------|---------------------------|
| Bank with: Checking Savings | Bank with: Savings |
| City: | City: |

| | |
|------------------|------------------|
| Account # | Account # |
|------------------|------------------|

| | |
|--------------------------------------|-------------------------------|
| Home Owners Insurance Company | Auto Insurance Company |
| Policy # | Policy # |

Are you obligated to pay alimony, child support, or separate maintenance? Yes No Amount _____ Per _____ Month

Have you been declared bankrupt in the last 10 years or have you any judgments, repossessions, garnishments, or other legal proceedings been filed against you? Yes No Amount _____

Are any of your tax obligations past due? Yes No Amount _____

Have you had any debt forgiven? Yes No Amount _____

Do you have a Will? Yes No

| ASSETS: (What I Own) | | LIABILITIES: (What I Owe) | | | |
|-----------------------------------|--------|--|-----------|-------------|-----------|
| Assets | Amount | Name of Company Owed | Loan Type | Amount Owed | Mo. Pymts |
| Automobiles | | | | | |
| Automobiles | | | | | |
| Automobiles | | | | | |
| Cash on hand and in bank accounts | | | | | |
| Stocks or Bonds | | | | | |
| Retirement Funds | | | | | |
| Real Estate | | | | | |
| Real Estate | | | | | |
| Life Insurance cash value: | | | | | |
| Face Amount | | | | | |
| Other Assets - | | | | | |
| Other Assets - | | | | | |
| Other Assets - | | | | | |
| | | Total obligations/monthly payments | | \$0.00 | \$0.00 |
| | | Net worth (total assets minus total liabilities) | | \$0.00 | |
| Total Assets: | \$0.00 | | | \$0.00 | |

SIGNATURES

I (We) certify that everything I have stated in this Application and on any attachments is correct. You may keep this Application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request or if my financial condition changes. If applying for a Home Equity Term or Line of Credit Loan, I acknowledge receipt of the Home Equity Brochure and the lender's Home Equity disclosure statement on today's date. **If you intend to apply for joint credit, please initial here** _____

| | | | |
|--|-------------------|--|-------------------|
| Applicant's Signature _____ | Date _____ | Co-Applicant's Signature (required if Joint Credit) _____ | Date _____ |
| Marital Status ** <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated | | Marital Status ** <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated | |

* 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 the obligation.

** Do not provide this information if your application is for individual, unsecured credit, unless you reside in a community property state or will be relying on property located in such a state for repayment of the credit requested.

Customer Identification Information - Important Information For Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act 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, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE: I have applied for an extension of credit which an insurance product or annuity may be solicited, offered or sold. We may not condition an extension of credit on either of the following: (1) Your purchase of insurance product or annuity from us or any of our affiliates; or (2) Your Agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity. By signing, I acknowledge that I have received a copy of this disclosure 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.

| | | | |
|------------------------------------|-------------------|--|-------------------|
| Applicant's Signature _____ | Date _____ | Co-Applicant's Signature (required if Joint Credit) _____ | Date _____ |
|------------------------------------|-------------------|--|-------------------|

.....
(Tear at Perforation)

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE

FEDERAL CREDIT APPLICATION INSURANCE DISCLOSURE: I have applied for an extension of credit which an insurance product or annuity may be solicited, offered or sold. We may not condition an extension of credit on either of the following: (1) Your purchase of insurance product or annuity from us or any of our affiliates; or (2) Your Agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity. By signing, I acknowledge that I have received a copy of this disclosure 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.