

FirstBank Virgin Islands Consumer Credit Application

Amount	Terms	Branch	Check all products you are requesting: <input type="checkbox"/> Personal Loan <input type="checkbox"/> Auto Loan <input type="checkbox"/> Taxi Medallion Loan <input type="checkbox"/> Other
Specific Purpose			

Please Tell Us About Yourself

Applicant's Name (First, Middle, Last, Jr./Sr./etc.)			<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Own Condo <input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Other:
Social Security Number	Date of Birth (month, day, year)	Years at Current Address	
Full Permanent Physical Address (Include Street, City, State, Zip)			Monthly Payment \$
Mailing Address (If Different from Physical Address)			Home Telephone Number
Previous Home Address			Mother's Maiden Name
Email Address			Yearly Income Other Income* \$ \$
Nearest Relative Not Living with You	Address/Telephone	Relationship to You	Marital Status (don't complete if this application is for individual unsecured credit.) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated

IMPORTANT: Include two (2) or four (4) most recent pay stubs (at least (2) per applicant); If self-employed, also include two (2) years signed business and individual tax returns.

Please Tell Us About Your Job

Please Tell Us About Your Accounts

Name of Business or Employer		Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check if it is a FirstBank Account	
Business Address (Include Street, City, State, Zip)		Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check if it is a FirstBank Account	
Previous Employer	Job Title / Position	Vehicle Make/Model/Year	Paid for? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Years at Job	Business Telephone #	Financed by (even if paid for) \$

* Other Income/Sources (income from alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as basis for repaying this obligation.

Check the appropriate option associated with other income: Court Order Written Agreement Oral Understanding.

Co-Applicant Information (OPTIONAL) / Co-Signer Information (OPTIONAL)

Applicant's Name (First, Middle, Last, Jr./Sr./etc.)			<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Own Condo <input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Other:
Social Security Number	Date of Birth (month, day, year)	Years at Current Address	
Full Permanent Physical Address (Include Street, City, State, Zip)			Monthly Payment \$
Mailing Address (If Different from Physical Address)			Home Telephone #
Previous Home Address			Mother's Maiden Name
Email Address			Yearly Income Other Income* \$ \$
Nearest Relative Not Living with You	Address/Telephone	Relationship to You	Employer

IMPORTANT: Include two (2) or four (4) most recent pay stubs (at least (2) per Marital Status (don't complete if this

applicant); if self-employed, also include two (2) years signed business and individual tax returns.			application is for individual unsecured credit.) <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated	
Please Tell Us About Your Job			Please Tell Us About Your Accounts	
Name of Business or Employer			Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check if it is a FirstBank Account	
Business Address (Include Street, City, State, Zip)			Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check if it is a FirstBank Account	
Previous Employer		Job Title / Position	Vehicle Make/Model/Year	Paid for? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Years at Job	Business Telephone #	Financed by (even if paid for)	Monthly Payment \$
* Other Income/Sources (income from alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as basis for repaying this obligation. Check the appropriate option associated with other income: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding				

Agreement

In the event that my/our application for credit is faxed to FirstBank Virgin Islands, I/we recognize that this/these faxed signature(s) are a legal binding authorization validating my/our credit request as if it/they was/were (an) original signature(s). I/we certify that I/we are of legal age (18 in the US Virgin Islands/British Virgin Islands); a resident of either the US Virgin Islands or British Virgin Islands. The undersigned do not intend the application to be used for loan to purchase or refinance his/her/their principal residence.

Federal Law requires that all financial institutions obtain, verify and keep records regarding the information that identifies all persons who open accounts. This means that, when you open an account, we will ask your name, address, date of birth and social security or tax identification number as well as other information that will allow us to identify you. We may ask to see your driver license or other identifying documents. In all cases, protection of your customer's identity and the confidentiality of customer information is our pledge to you.

Everything I have stated in this application is correct to the best of my knowledge. I understand that FirstBank will retain this application whether or not it is approved. FirstBank is authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

Personal References (names of friends and/or relatives who do not live with you)

Name	Relationship	Address	Employer	Home Telephone	Work Telephone

Credit References (list all present debts & credit references: credit cards, banks, credit unions, finance and/or loan companies/ stores, Etc./

Company Name / Address	Name on Account	Account Number	Original Amount	Balance Due	Monthly Payment

Please print any additional names under which you have previously received credit:

Applicant _____ Co-Applicant _____

	APPLICANT		CO-APPLICANT
Are you co-maker, endorser, guarantor on any other notes? (If yes, please attach explanation.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you obligated to make alimony, child support, or separate maintenance payment? (If yes, please attach explanation.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any legal actions filed against you or been declared bankrupt in the last seven years? (If yes, please attach explanation.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>