

**INDIVIDUAL INFORMATION**

<b>Name</b>	Date of Birth	Social Security No.		No. of Dependents
Home Address	Home Phone	Driver's Lisc No. & State	Issue Date	Expiration Date
City/State/Zip	Mobile Phone	Email		
Employer	Years	Business Phone	Occupation	Years
Business Address		Position		
		Years		

**JOINT OR OTHER PARTY INFORMATION**

Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state

<b>Joint Name</b>	Date of Birth	Social Security No.		No. of Dependents
Home Address	Home Phone	Driver's Lisc No. & State	Issue Date	Expiration Date
City/State/Zip	Business/Mobile Phone	Email		
Business Address	Employer	Occupation	Years	Position
		Years		

**CREDIT REQUEST**

Amount:	Check box to indicate the type of account you are requesting. <input type="checkbox"/> Individual Credit - relying solely on my income or assets <input type="checkbox"/> Individual Credit - relying on my income and assets as well as income or assets of another <input type="checkbox"/> Joint Credit - We intend to apply for joint credit. (initials)
Collateral:	
Purpose:	

**FINANCIAL INFORMATION AS OF \_\_\_\_\_ (DATE)**

**ASSETS**

**LIABILITIES**

Cash on hand, and in Banks		Notes Payable to Southern First (See schedule No. 5)	
Deferred Comp. & Retirement Plans (See schedule No. 1)		Notes Payable to Others (See schedule No. 5)	
Stocks and Securities (Please attach brokerage statement(s))		Loans Against Life Insurance (See schedule No. 2)	
Cash Surrender Value Life Insurance (Do not deduct loans)(See schedule No 2)		Credit Card Debt (See schedule No. 6)	
Accounts, Loans, and Notes Receivable		Taxes and Assessments Payable (Attach Details)	
Automobiles		Mortgages Payable on Real Estate (See schedule No. 4)	
Real Estate - Primary Residence (See schedule No. 4)		Accounts Payable	
Real Estate - Other (See schedule No. 4)		<b>Total Liabilities</b>	
Personal Property Other Assets (Itemize)		<b>Net Worth</b>	
<b>Total Assets</b>		<b>Total Liabilities and Net Worth (Equals Total Assets)</b>	

**BORROWER'S PREFERENCE**

If this loan is for a personal, family or household purpose and is secured in whole or in part by a lien on real estate, please indicate your preferences below.

**Attorney** to represent you in all matters relating to the closing of this transaction:

**Insurance Agent** to furnish hazard and flood property insurance in connection with this mortgage:

I certify that everything I have stated on this form and on any attachments is accurate. 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.

<b>Signature</b>	Date	<b>Signature</b>	Date
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Application taken by: \_\_\_\_\_ Telephone \_\_\_\_\_ Mail \_\_\_\_\_ Face to Face \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL INFORMATION**

(Please attach details for each "Yes" response)

Do you have contingent liability as a guarantor or co-maker?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Personal bank accounts at:	
Are you obligated to make Alimony, support or maintenance payments?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Are you a defendant in any suits or legal action?	No Yes
Have you ever applied for credit with Southern First Bank?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever taken bankruptcy?	No Yes

**INCOME**

INDIVIDUAL		JOINT OR OTHER PARTY	
Salary		Salary	
Bonus and Commissions		Bonus and Commissions	
Dividends		Dividends	
Real Estate Income		Real Estate Income	
<b>Notice:</b> Alimony, child support, separate maintenance income need not be revealed if it is not considered as a source of repayment.			
Other Income		Other Income	
<b>Total</b>		<b>Total</b>	
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding			
Is any income listed in this Section likely to be reduced before this credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**Schedule 1 Deferred Compensation & Retirement Plans\***

Trustee or Plan Administrator	Acct Type	Beneficiary	Value	Loans	Net Value	In Name of

\*Includes I.R.A. Accounts, KEOGH, 401K, Fully Vested Benefit Plans, etc.

**Schedule 2 Life Insurance and Annuities\***

(Attach schedule if desired)

Company	Insured	Face	Beneficiary Amount	Cash Value	Loans	Net Value	Pledged?
							Y / N
							Y / N
							Y / N

\*Includes Employer Provided Insurance

**Schedule 3 Long Term Disability Insurance**

(Attach schedule or benefit statements if desired)

Insurance Company	Monthly Benefit	Period	Premium	Tax Free?	COLA?
				Y / N	Y / N
				Y / N	Y / N

**Schedule 4 Real Estate Owned\***

(Attach schedule if desired)

Address/Description	Acquired Year	Cost	Value	Lienholder	Mortgage	Mo. Payment	Interest Rate	Ownership

\*Includes Partnerships and LLCs

**Schedule 5 Notes Payable**

(Exclude mortgages listed in Schedule 4)

Due to	Collateral	Original Loan	Balance	Interest Rate	Terms	Maturity	Mo. Payment

**Schedule 6 Credit Card Accounts**

Credit Card Company	Limit	Balance	Credit Card Company	Limit	Balance