



☐ Personal Use
☐ Business Use
☐ Co-Applicant
For _____



P.O. Box 4327
Batesville, AR 72503
870-376-7123
888-402-3528 FAX
staff@dealerdirectfinancial.com

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

This application is for secured credit only.

☐ Joint Credit.
We intend to apply for joint credit.
(Initials) _____

Sales Person		Dealership Name		Dealership Phone #	
Date	Requested Amount	# of Payments Requested	Dealership Fax #		

Applicant Information

Last Name		First Name		Middle Name		Banking Information	
Present Street Address		Apt. #		Are you or have you ever been a customer of First Community Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			
City		State		Zip Code		Email Address	
Time at Address (if less than 2 years, give previous address)		Payment		<input type="checkbox"/> Buy <input type="checkbox"/> Parents <input type="checkbox"/> Own			
Previous Address		\$		<input type="checkbox"/> Rent <input type="checkbox"/> Others		Landlord or Mortgage Holder	
Social Security #		Date of Birth		Name of Nearest Relative Not Living with You			
Phone #		<input type="checkbox"/> Cell <input type="checkbox"/> Home		Nearest Relative's Address			
Mailing Address (If Different From Above)		Applicant Salary: \$		Gross Monthly			
City		State		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.			
Current Employer (If Self-Employed, Business Name)		How Long?		Alimony, child support, separate maintenance received under:			
Employer Address		Yrs ____ Mos ____		____ Court Order ____ Written Agreement ____ Oral Understanding			
Business Phone #		Position		Sources of Other Income _____ Amount Per Month \$ _____			
				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried*			
				*Includes single, divorced or widowed			

Equipment Information (Attach dealer invoice if available.) We must have a full breakdown of the numbers.

Quantity	Year	Make	Model	Serial # (if available)	Price
1. _____					\$ _____
2. _____					\$ _____
3. _____					\$ _____

This Application for Credit ("Application") is to First Community Bank ("FCB"). I have read this Application, and everything stated in it is true. I authorize FCB to check my credit, employment history, or any other information, and to report such information, and its credit experience with me, to others. I am at least 18 years of age.

I hereby certify that the property purchased pursuant to this application is for my personal and/or business use; that I am fully responsible for making all payments for such property; that such property will be in my possession or under my control until the amount financed and all finance charges have been paid in full; and that I am not purchasing any property financed through FCB for the benefit of another without the written approval of FCB. I understand that I must update credit information at FCB's request if my financial condition changes.

Signature (Applicant) _____ Date _____