FNB FORT STOCKTON
Family of Banks
FIRST NATIONAL BANK of Fort Stockton
BRAVE NATIONAL BANK

1000 W Dickinson Blvd. P.O. BOX 1329
Ft. Stockton, TX 79735
PHONE: 432-336-8541
FAX: 888-833-4156

101 W 6TH ST. P.O. BOX 577
IRAAN, TX 79744
PHONE: 432-639-2543
FAX: 432-639-2980

Loan Application

Equal Oppurtunity Lender

Member FDIC

***If this is an application for joint credit, Borrower & Co Borrower each agree that we intend to apply for joint credit.
(Please initial agreement below.)

Borrower Initials: Co-Borrower Initials:

Amount Requested: $ Number of Months: Payment Date Desired:

Proceeds of Credit to be used for: Collateral:

APPLICANT Active Duty Military ☐	**CO-APPLICANT** Active Duty Military ☐
Complete the following information:	Complete the following information:
Your full name:	Your full name:
Birthdate: Social Security #:	Birthdate: Social Security #:
Home Phone: Work: Cell:	Home Phone: Work: Cell:
Drivers Licence Number/State:	Drivers Licence Number/State:
Permanent U.S. Resident? Yes No	Permanent U.S. Resident? Yes No
Street Address: Years there:	Street Address: Yrs. There:
City/State/Zip:	City/State/Zip:
Last Address: City /State/Zip Yrs There:	Last Address: City/State/Zip Yrs. There:
Name of nearest Relative not living with you:	Name of nearest Relative not living with you:
How related: Phone:	How related: Phone:
Address: City/State/Zip:	Address: City/State/Zip:
Other Relative:	Other Relative:
How related: Phone:	How related: Phone:
Your Employer:	Your Employer:
Address: Phone:	Address: Phone:
Yrs There: Position:	Yrs There: Position:
Monthly Pay: $ Avg. Commision/Bonus: $	Monthly Pay: $ Average Commision/ Bonus: $
Do you have any Contingent Liabilities (did you sign for anyone as a Comaker, Endorser or Guarantor)? Yes No	Do you have any Contingent Liabilities (did you sign for anyone as a Comaker, Endorser or Guarantor)? Yes No
Last Employer: Yrs there: Position:	Last Employer: Yrs there: Position:
Other Income: (You are not required to give us information on alimony, child support or maintenance payments you receive unless you want us to consider that income in evaluating your application.)	
Source of Other Income:	Source of Other Income:
Monthly Amount: $	Monthly Amount: $

I certify that everything I have stated in the 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 if my financial condition changes.

X X

Borrower's Signature Date Co-Borrower's Signature Date