



Dear Loan Applicant,

Thank you for your interest in obtaining a loan through Murphy Bank. We at Murphy Bank hope that we can set up a loan that will be just what you are looking for. Attached is an application. Because of the fraud that can occur on the Internet and for your security, we only accept loan applications by mail, in person or by fax. So please do not try to email your application to us. Fill out the application completely and then;

Mail or bring your application to either of our locations:

Murphy Bank
5180 N Palm #101
Fresno CA, 93704

Murphy Bank
892 AeroVista PL Suite 110
San Luis Obispo CA, 93401

Fax your application to:

Murphy Bank, Fresno
(559) 225-9298

Murphy Bank, San Luis Obispo
(805) 787-0415

Be assured that your loan application will be handled with privacy and in a professional manner and you will receive a prompt answer to your request.

If you have any questions please call our office and ask for a loan officer at Fresno 559-225-0318 or for San Luis Obispo 805-250-2300.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see and copy your driver's license or other identifying documents.



CREDIT APPLICATION IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION. (Purchase/Lease)

- Joint: We intend to apply for joint credit. If this is an application for joint credit with another person, complete all Sections providing information in Section B about the co-applicant.
- Individual: If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete Sections A and C.
- If you are married and live in a community property state, complete all Sections including Section B providing information about your spouse.

Applicant Co-Applicant

NOTE: APPLICANT, IF MARRIED, MAY APPLY FOR A SEPARATE ACCOUNT.

SELLER	STOCK NO	DATE	AMOUNT REQUESTED \$ _____
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SECTION A. Information Regarding Applicant:

LAST NAME (PRINT)	FIRST	INITIAL	DOB	DRIVER'S LIC #	SOCIAL SEC. #	AGES OF DEP	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS ZIP			CITY	STATE	HOME PHONE ()	HOW LONG? YRS. MOS	LIVED IN COMM YRS. MOS.
PREVIOUS ADDRESS (TO COVER 5 YEARS RESIDENCE) ZIP			CITY	STATE	HOW LONG? YRS. MOS	LIVED IN COMM YRS. MOS.	
ZIP			CITY	STATE	HOW LONG? YRS. MOS	LIVED IN COMM YRS. MOS.	
OCCUPATION /RANK	PRESENT EMPLOYER ZIP	ADDRESS	CITY	STATE	PHONE ()	HOW LONG? YRS. MOS	
PREV EMPLOYMENT (TO COVER 5 YEARS HISTORY) ZIP		ADDRESS	CITY	STATE	PHONE ()	HOW LONG? YRS. MOS	
ZIP		ADDRESS	CITY	STATE	PHONE ()	HOW LONG? YRS. MOS	
NEAREST RELATIVE NOT LIVING WITH APPLICANT ZIP		ADDRESS	CITY	STATE	PHONE ()	RELATIONSHIP	

INCOME:

Applicant's gross monthly income from employment \$ _____

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.

Alimony, child support, separate maintenance received under: court order written agreement verbal understanding

Amount \$ _____

Amount of other monthly income and source(s) \$ _____

TOTAL MONTHLY INCOME \$ _____

SECTION B. Information Regarding Spouse or Co-Applicant (Use separate sheets if necessary.)

LAST NAME (PRINT)	FIRST	INITIAL	DOB	DRIVER'S LIC #	SOCIAL SEC. #	AGES OF DEP	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED
ADDRESS ZIP			CITY	STATE	HOME PHONE ()	HOW LONG? YRS. MOS	LIVED IN COMM YRS. MOS.
PREVIOUS ADDRESS (TO COVER 5 YEARS RESIDENCE) ZIP			CITY	STATE	HOW LONG? YRS. MOS	LIVED IN COMM YRS. MOS.	
ZIP			CITY	STATE	HOW LONG? YRS. MOS	LIVED IN COMM YRS. MOS.	
OCCUPATION /RANK	PRESENT EMPLOYER ZIP	ADDRESS	CITY	STATE	PHONE ()	HOW LONG? YRS. MOS	
PREV EMPLOYMENT (TO COVER 5 YEARS HISTORY) ZIP		ADDRESS	CITY	STATE	PHONE ()	HOW LONG? YRS. MOS	
ZIP		ADDRESS	CITY	STATE	PHONE ()	HOW LONG? YRS. MOS	
NEAREST RELATIVE NOT LIVING WITH APPLICANT ZIP		ADDRESS	CITY	STATE	PHONE ()	RELATIONSHIP	

INCOME:

Applicant's gross monthly income from employment \$ _____

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.

Alimony, child support, separate maintenance received under: court order written agreement verbal understanding

Amount \$ _____

Amount of other monthly income and source(s) \$ _____

TOTAL MONTHLY INCOME \$ _____

SECTION C. Asset and Debt Info: List All Debts Including Alimony, Child Support, Separate Maintenance. (Use separate sheets if necessary.)

(If section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If section B was not completed, only give information about the Applicant in this Section.)

LANDLORD OR MORTGAGE		ADDRESS		ACCOUNT NO.	MORTGAGE BALANCE	PYMT. OR RENT	
OWN <input type="checkbox"/>					\$	\$	
RENT <input type="checkbox"/>							
DATE HOME PURCHASED VALUE	AGE OF HOME	PRICE PAID FOR HOME	MARKET		2 ND MORTGAGE BAL	PAYMENT	
Type of credit	Company name of all obligations	Account no. closed <input type="checkbox"/> open <input type="checkbox"/>	Address Zip	City State	BALANCE	HIGH	MO.PYMTS
		Account no. closed <input type="checkbox"/> open <input type="checkbox"/>	Address Zip	City State	\$	\$	\$
		Account no. closed <input type="checkbox"/> open <input type="checkbox"/>	Address Zip	City State	\$	\$	\$
		Account no. closed <input type="checkbox"/> open <input type="checkbox"/>	Address Zip	City State	\$	\$	\$
		Account no. closed <input type="checkbox"/> open <input type="checkbox"/>	Address Zip	City State	\$	\$	\$
Present Vehicle Financed by / Leased By:		Account No.	Address City State		Zip	\$	
Present Vehicle Financed by / Leased By:		Account No.	Address City State		Zip	\$	
Bank Reference		Account No.	Branch / Address		<input type="checkbox"/> Checking <input type="checkbox"/> Saving	Balance \$	
Bank Reference		Account No.	Branch / Address		<input type="checkbox"/> Checking <input type="checkbox"/> Saving	Balance \$	
Have you ever had any property repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any law suits pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you every filed bankruptcy or is a bankruptcy proceeding in progress or expected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Reserve?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Inactive
Personal friends known over one year		Address City State		Zip	Phone ()		
Personal friends known over one year		Address City State		Zip	Phone ()		

INSURANCE – IF YOU WISH TO APPLY FOR VEHICLE INSURANCE IN CONNECTION WITH THIS CREDIT APPLICATION, COMPLETE THE FOLLOWING:

Notice: No person is required as a condition pursuant to financing the purchase of motor vehicle to purchase insurance through a particular insurance company, agent or broker.

Previous Insurance Co. or Agent (Name and Address)		Phone ()	Where will vehicle be garaged?	Policy No.
Has your insurance ever been canceled by any company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Why?	No. of Insurance losses in past 5 years		Total Amount of Loses \$

In the following sentence, the applicant/co-applicant is referred to as "I" and the creditor is referred to as "you and your". I, the undersigned (1) make the above representations, which are certified correct, for the purpose of securing credit; (2) authorize financial institutions to obtain consumer credit reports on me periodically and to gather employment history as they consider necessary and appropriate; (3) **authorize to obtain consumer credit report on me;** (4) **UNLESS THE CIRCLE THAT FOLLOWS IS MARKED, I AUTHORIZE THE DEALER'S ASSIGNEE TO SHARE AND USE INFORMATION ABOUT ME, INCLUDING INFORMATION IN MY APPLICATION, WITH OTHER ENTITIES THAT ARE RELATED TO IT BY COMMON OWNERSHIP OR AFFILIATED WITH IT BY COMMON CONTROL. IF THE CIRCLE IS MARKED, I DIRECT THE DEALER'S ASSIGNEE NOT TO GIVE INFORMATION TO SUCH ENTITIES (OTHER THAN INFORMATION ON ITS OWN TRANSACTION AND EXPERIENCES.)** ; (5) Understand, that you or any financial institution to whom it is submitted will retain this application whether or not it is approved, and that it is the applicant's responsibility to notify the creditor of any changes of name, address or employment.

The financial institutions name below may be requested to purchase a sales finance contract written, or to be written, in connection with your purchase. You are notified pursuant to the Fair Credit Reporting Act, that your application may be submitted to them or to other financial institutions.

FINANCIAL INSTITUTION(S) _____

ADDRESS(ES) _____

PURCHASER HERBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS CREDIT STATEMENT.

CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT.

X

APPLICANT'S SIGNATURE

X

CO-APPLICANT'S SIGNATURE