



# Loan Application

PO Box 50 - 401 Main Street  
Fowler, KS 67844  
Ph. 620-646-5253 - Fax 620-646-5335

Contact Name  Email Address

Individual Name/Corporation

Address

Billing Address (if different than above)

City  County  State  Zip Code

Social Security #  Federal ID #

Cell Phone  Business/Other Phone

Years in Business  Gross Farm Income

Brief History of Business & Ownership

Annual Payments     
*Equipment Real Estate Other*

Ins. Carrier  Insurance Contact/Phone #

Filed Bankruptcy:  Yes Unsatisfied Judgments:  Yes Any Accounts Past Due:  Yes

### Credit References

Bank Name     
*Business Checking Phone Officer*

Credit References     
*Equipment Financing Phone Officer*

Credit References     
*Equipment Financing Phone Officer*

I hereby give my authorization, which includes the use of my application, credit report, financial statements, tax returns, and any other information I have provided. Usage is limited to the purpose for which it was submitted. The undersigned certifies that the above information, given for credit purposes, is true and correct and authorizes the firm or person to whom this is made and any credit bureau or other investigative agency to investigate the reference, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contracted to release credit and financial information requested as part of said investigation. The undersigned individual(s) who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his/her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Integrity Bank or its designee the use of consumer report on the undersigned as may be needed.

Information provided in this application is correct to the best of my knowledge. I understand this application will be retained whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I authorize all past or present creditors to release any and all necessary credit information.

Print Full Legal Name

Signature \_\_\_\_\_ Date