



CONSUMER LOAN APPLICATION

Send Complete Application to Bob Lawhon with Pinnacle Financial Partners, Bob.Lawhon@pnfp.com, 615-744-2959

- ☐ I am applying for individual credit in my own name and I am relying on my own income and assets and not the income or assets of another person.
☐ I am applying for individual credit and I am relying on my income or assets, as well as income or assets from other sources.
☐ We are applying for joint credit.

Signature(s)

Applicant _____ Date _____ Joint Applicant _____ Date _____

CREDIT REQUESTED	Amount Requested	Number of Payments	Preferred Payment Amount	Preferred Payment Day
Specific Loan Purpose		Collateral Offered		

Applicant's Full Name (First, M.I. Last)			Social Security Number		Former Names
Date of Birth	Home Phone	Cell Phone	Email Address		Driver's License Number
Home Address (Street, City, State, Zip)					Since
<input type="checkbox"/> Own	Mortgage or Rent Pmt Amount	Previous Home Address (Street, City, State, Zip)			From:
<input type="checkbox"/> Rent					To:

Applicant's Employer (if Self-Employed, Name and Nature of Business)		Business Address (Street, City, State, Zip)	
Business Phone	Title/Position	How long with employer?	Salary per

Assets	Amount (\$)	Liabilities	Amount (\$)
Cash		Loans Payable within one year	
Marketable Securities		Primary Residence Mortgage	
Primary Residence		Other Debts	
Other Real Estate			
Other Assets			
Total Assets		Total Liabilities	

CO-APPLICANT INFORMATION					
CO-Applicant's Full Name (First, M.I. Last)			Social Security Number		Former Names
Date of Birth	Home Phone	Cell Phone	Email Address		Driver's License Number
Home Address (Street, City, State, Zip) if different from Applicant's address					Since
<input type="checkbox"/> Own	Mortgage or Rent Pmt Amount	Previous Home Address (Street, City, State, Zip)			From:
<input type="checkbox"/> Rent					To:

Co-Applicant's Employer (if Self-Employed, Name and Nature of Business)		Business Address (Street, City, State, Zip)	
Business Phone	Title/Position	How long with employer?	Salary per

OTHER INCOME (Please list any income not listed previously)

Notice: 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.

App	Coapp	Joint	Description	Amount	Frequency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Have you ever been declared bankrupt?	Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Co-applicant <input type="checkbox"/> Yes <input type="checkbox"/> No
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PREVIOUS CREDIT REFERENCES

Names Credit Listed In			Loan Purpose	Creditor Name	Account Number	Highest Balance	Date Paid
<input type="checkbox"/> App	<input type="checkbox"/> Coapp	<input type="checkbox"/> Joint					
<input type="checkbox"/> App	<input type="checkbox"/> Coapp	<input type="checkbox"/> Joint					
<input type="checkbox"/> App	<input type="checkbox"/> Coapp	<input type="checkbox"/> Joint					

APPLICANT SIGNATURE (S)

I/We hereby apply for the loan or credit describe in this application. I/We certify that I/we made no misrepresentations in this loan application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. Lender is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. Lender may disclose to any other interested parties information as to Lender's experiences or transactions with my/our account. I/We understand that Lender will retain this application and any other credit information Lender receives, even if no loan or credit is granted. These representations and authorizations extend not only to Lender, but also to any insurer of the loan and to any investor to whom Lender may sell all or any part of the loan. I/We further authorize Lender to provide to any such insurer or investor any information and documentation that they may request with respect to my/our application, credit or loan.

Applicant _____ Date _____ Joint Applicant _____ Date _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Please complete the following section only if your loan will be used for home improvement or to refinance a home improvement loan, or if you are purchasing or refinancing a residential dwelling (including a condominium, etc). Do not complete for Home Equity Lines of Credit. The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, under Federal regulations, this Lender is required to note the information on the basis of visual observation or surname. If you do not furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
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Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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Race/National Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race/National Origin <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
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To be completed by Interviewer This application was taken by: <input type="checkbox"/> Face to face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone or internet	Interviewer's Name	Name and Address of Interviewer's Employer Pinnacle Bank 150 3 rd Avenue South Suite 900 Nashville TN 37201
	Interviewer's Signature _____ Date _____	
	Interviewer's Phone Number (include area code) _____	