



**CREDIT INFORMATION** Attach additional sheet if necessary.

Bank Name and Address	Branch	Loans (Yes/No, Open/Closed)
Checking Account Number/Name Listed	Savings Account Number/Name Listed	
<b>Name and Address of Creditor</b>	<b>Primary Name on Account</b>	<b>Account No.</b>
Automobile		
Home Mortgage/Rent		
Credit Card -Bank Name & Address		
Property Tax/MH Tax		
Vehicle/Home/Flood Insurance		
	<b>Balance \$</b>	<b>Monthly Payment \$</b>

**DISCLOSURES**

At the date this application was created (shown at right) the information listed above was accurate. Because rates and terms are subject to change, you may contact us for the current information by writing to First State Bank; Credit Card Department; PO Box Z; Socorro NM 87801-0479, Phone: 575-835-1550 **As of: 5/16/19**

**INSURANCE SALES DISCLOSURE**

In connection with certain types of loans that we offer, we may require you to provide insurance. However, as a borrower, you are **not** required to purchase any insurance offered by the bank or by any of its affiliates. You may purchase the insurance that the bank may require from any approved provider. **You should know that the bank may not condition an extension of credit on either:** your purchase of an insurance product or annuity from the bank or any of its affiliates; or your agreement not to obtain, or a prohibition of the consumer from obtaining an insurance product or annuity from an unaffiliated entity.

**SIGNATURE(S)**

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that an inquiry may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of First State Bank. I/We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time. I/we also understand the contents of the insurance sales disclosure. **CONSENT TO CONTACT YOU:** By providing us with any telephone number, you are expressly consenting permission to contact you at that number about all your First State Bank accounts. You agree that your phone providers may verify any phone numbers you have supplied to the name, address, and status on their records. For us to service your Account or to collect any amounts you may owe, you agree that we may contact you using any contact information related to your Account including any number you have provided to us from which you called us, or which we obtained and reasonably believe we can reach you. We may use any means to contact you and this may include contact from companies working on our behalf to service your accounts. This may include automated dialing devices, prerecorded/artificial voice messages, mail, e-mail, text messages, and calls to your cell phone or Voice over internet Protocol (VoIP) services, or any other data or voice transmission technology. You are responsible for any service provider charges as a result of us contacting you. You agree to promptly notify us if you change any contact information you provide to us. This includes your name, mailing address, e-mail addresses, or phone numbers. If you have a joint Account, a notice to one of you will serve as a notice to both of you.

**Joint credit notice (this box must be checked if you are applying for joint credit):**  We intend to apply for joint credit.

Applicant Signature	Date	Co-Applicant or Guarantor Signature	Date
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**BALANCE TRANSFER REQUEST**

<b>Card Types</b> (Visa, MasterCard, JC Penny, Texaco, etc.) & <b>Card Numbers</b> (16 digits)	Upon approval, I wish to transfer my present balance on the credit card account(s) listed below to my new FSB credit card account. <b>I will send a copy of the latest statement from each card issuer to First State Bank.</b> I understand that I can only transfer balances up to the limit on my new credit card. <input checked="" type="checkbox"/>
	Applicant or Co-Applicant Signature <span style="margin-left: 100px;">Date</span>

**AUTOMATIC PAYMENT REQUEST**

I /We hereby authorize First State Bank to initiate withdrawals from the account indicated to pay my/our new credit card account by completing this section and signing below. This authority is to remain in full force and effect until I/we provide First State Bank with a written authorization requesting that a change be made or that the periodic payment be terminated. I/We must provide this written authorization for changes or termination to First State Bank at least 30 days prior to the effective date of the requested change or termination. I/we understand and agree that in order for First State Bank to make the payments requested herein, I/we must have the payment amount available in my/our account. I/We further understand and agree that First State Bank shall not be responsible for any act or failure to act on their part, except in the case of gross negligence or willful misconduct. Furthermore, I/we agree to hold First State Bank harmless from any claims, liabilities, attorney's fees and other costs and expenses of any nature which may be incurred by reason of First State Bank's performance under this request.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Checking/Savings</td> <td>Account Number</td> </tr> <tr> <td colspan="2">Bank ABA/Routing Number</td> </tr> <tr> <td colspan="2">Date to be Debited</td> </tr> <tr> <td colspan="2">Bank Name and Address</td> </tr> <tr> <td colspan="2">                     The amount of payment for my/our credit card to be deducted monthly is (check one):  <input type="checkbox"/> The minimum payment 2% of the balance  <input type="checkbox"/> The total unpaid balance; or a  <input type="checkbox"/> Fixed amount greater than the minimum                      \$ _____                 </td> </tr> </table>	Checking/Savings	Account Number	Bank ABA/Routing Number		Date to be Debited		Bank Name and Address		The amount of payment for my/our credit card to be deducted monthly is (check one): <input type="checkbox"/> The minimum payment 2% of the balance <input type="checkbox"/> The total unpaid balance; or a <input type="checkbox"/> Fixed amount greater than the minimum \$ _____	
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