

Credit & Loan Application

Portfolio No:		Date Re	ceived(M	iDY):				
Portfolio Legal Name:		Referral Officer:						
Borrower Name:	PHC: ☐ Yes	Branch ID:						
I. Credit Infor	mation							
Credit Type:	<ul><li>□ Overdraft</li><li>□ Personal Loan</li><li>□ Real Estate Loan</li><li>□ Portfolio Backed Loan</li><li>□ Currency Loan</li><li>□ Margin Loan</li><li>□ Other</li></ul>							
Loan Purpose:								
Amount Requested:	Currency: USD Euros Other:							
Desired Term (Months):	☐ Months ☐ Days							
Collateral Required:	$\square$							
Collateral:								
II. Collateral II	nformation							
	Account	Туре	CCY	Amount				
Collateral Type:	☐ Time Deposits ☐ Securities ☐ Bonds ☐ Real Estate ☐ Other, Explain:							
Collateral Description:		1						
Collateral Market Value:								
Collateral Location:	□ STIBT □ STG □ Other:							
Collateral Ownership:	□ Applicant □ Co-Applicant □ Other, Specify:	Total Amount						
III. Overdraft Pro	tection (Complete this Section if the Credit Type is Overdraft Protection	n)						
Term of Overdraft:	☐ 6 months ☐ 12 months							
	Enter Overdraft Account(s) to be Protected:							
W D 15 4 4								
	Complete this Section if the Credit Type is Real Estate or Collateral Type wa		as Real	Estate)				
Real Estate Facility Type:  Property Address:	□ Purchase □ Construction □ Mortgage Refinance Current Mar	ket value.						
		ip:	C	ountry:				
	□ Primary Residence □ Secondary Residence □ Investment Property	Ψ.						
Name of Title Holders:								
Insured by:	Insurance Policy Number:							
Lien Information:	☐ First Lien? Lien Amount: Lien Holder Description:							
Property Legal Description	ı:							
V. Automatic Pa	yment Information							
Automatically deduct Paym	ent from my STIBT account:  Yes  No Account Number:	_   [						



## **Credit & Loan Application**

- Please complete Sections VI, VII and VIII for each person requesting or guaranteeing this Credit & Loan Application.
- If this is a PHC, please complete Sections VI, VII, and VIII for each individual shareholder above 10% and for the Corporation itself.

Please complete One page per person. Make additional copies as necessary.

Applicant				Co-Applicant				
VI. Informatio	n							
Full Name:			Full Name:					
Street Address:			Street Address:					
City:	State:	Country:	City:	State:	Country:			
Home Phone:	(	Cellular:	Home Phone:	Cellular:				
E-Mail:			E-Mail:					
Previous Address:			Previous Address:					
(If less than 2 years at present address)			(If less than 2 years at p	(If less than 2 years at present address)				
VII. Employme	ent Informa	ation						
Employer:			Employer:					
Position:		How Long?	Position:		How Long?			
Address:			Address:					
City:	State:	Country:	City:	State:	Country:			
Telephone:			Telephone:					
E-Mail:			E-Mail:					
Previous Employer:			Previous Employer:					
(If less than 2 years at present address)			(If less than 2 years at present address)					
VIII. Income	& Expens	e Information (	f Corporation please attach	n latest Financials)				
Annual Gross Income:		Other Income:	Annual Gross Income	e: Other Income:				
Monthly Expenses:			Monthly Expenses:					
Agreement / S	Signature							
a lien as described in the parties in making our do Application and you rep	e Collateral section etermination whe present and warran	on of this Application. You ther to grant you the Loar nt that all of the information	Application from StateTrust In understand that we may requon. You affirm that you are an provided in this Application the signatures, two signatures.	est additional information pplying for credit as is true and complete	ation from you or other third is described in this in all respects.			
Ву:			Ву:					
Name:			Name:					
Name: Date(MDY):			Name: Date(MI	) Y I ·				
Date(IVI			Date(MI	- · J·				