



## APPLICATION INSTRUCTIONS

To complete the application, follow these steps:

1. Fill in all the blanks on the applications – all fields are clickable.
2. Print and return completed application to any location within the Fishback Family of Banks.  
Do not email completed applications as we cannot guarantee the privacy and security of your email.

### BROOKINGS

#### DOWNTOWN

520 6th Street  
Brookings, SD 57006

Phone: 605.696.BANK Fax: 605.696.2104

#### EAST BANK

2220 6th Street  
Brookings, SD 57006

Phone: 605.696.BANK Fax: 605.696.2290

#### HYVEE

790 22nd Avenue South  
Brookings, SD 57006

Phone: 605.696.2356 Fax: 605.696.2337

#### WALMART SUPERCENTER

2233 6th Street  
Brookings, SD 57006

Phone: 605.696.2139 Fax: 605.696.2174

### VERMILLION

20 East Main Street  
Vermillion, SD 57069

Phone: 605.624.2608 Fax: 605.624.8200

### GARRETSON

644 North Main Avenue  
Garretson, SD 57030

Phone: 605.594.3423 Fax: 605.594.3424

### SIOUX FALLS

#### DOWNTOWN

110 North Minnesota Avenue  
Sioux Falls, SD 57104

Phone: 605.978.9300 Fax: 605.978.1147

#### 57TH & I-229

2300 West 57th Street  
Sioux Falls, SD 57108

Phone: 605.782.8000 Fax: 605.335.2233

### CANTON

402 East 5th Street  
Canton, SD 57013

Phone: 605.987.2781 Fax: 605.987.2784

### MADISON

120 North Egan Avenue  
Madison, SD 57042

Phone: 605.256.9191 Fax: 605.256.4182

### WATERTOWN

1120 9th Avenue Southeast  
Watertown, SD 57201

Phone: 605.882.8320 Fax: 605.882.4598

### PIPESTONE

101 Northwest 2nd Street  
Pipestone, MN 56164

Phone: 507.825.3344 Fax: 507.825.5490

### MILBANK

215 West 4th Avenue  
Milbank, SD 57252

Phone: 605.432.5111 Fax: 605.432.9335

### STOCKHOLM

102 South Main Street  
Stockholm, SD 57264

Phone: 605.676.2321 Fax: 605.676.2330

### TORONTO

445 Main Avenue  
Toronto, SD 57268

Phone: 605.794.4811 Fax: 605.794.4991

### WHITE

301 West Main Street  
White, SD 57276

Phone: 605.629.2471 Fax: 605.629.6681



# Credit Application



Date \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_ Loan Purpose \_\_\_\_\_ Proposed Collateral \_\_\_\_\_  
(See reverse side if Home Improvement or Refinance.\* See reverse side if Secured Loan.\*\*)

## APPLICANT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Years There \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Driver's License # and State \_\_\_\_\_  
Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Are you a U.S. citizen?  Yes  No  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Position \_\_\_\_\_ Years There \_\_\_\_\_  
Business Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Gross Monthly Income \$ \_\_\_\_\_  
Other Monthly Income \$ \_\_\_\_\_

**Income Information:** Alimony, child support, or separate maintenance income should be revealed only if you wish to have it considered as a basis for repaying the loan.

Name of Nearest Relative Not Living with You \_\_\_\_\_  
Address \_\_\_\_\_

## JOINT APPLICANT (optional)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Years There \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Driver's License # and State \_\_\_\_\_  
Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Are you a U.S. citizen?  Yes  No  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Position \_\_\_\_\_ Years There \_\_\_\_\_  
Business Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Gross Monthly Income \$ \_\_\_\_\_  
Other Monthly Income \$ \_\_\_\_\_

**Income Information:** Alimony, child support, or separate maintenance income should be revealed only if you wish to have it considered as a basis for repaying the loan.

Name of Nearest Relative Not Living with You \_\_\_\_\_  
Address \_\_\_\_\_

**ID Code:** \_\_\_\_\_ (Internal Use)

Previous or Secondary Residence (if less than 3 years at present address):  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Years There \_\_\_\_\_  
Previous Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Position \_\_\_\_\_ Years There \_\_\_\_\_  
No. of Dependents \_\_\_\_\_ Ages \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Do not complete if this application is for individual unsecured credit.

Marital Status:  Married  Separated  Unmarried\*\*\*  
\*\*\*Includes single, divorced, and widowed

Checking Account # \_\_\_\_\_ Bank \_\_\_\_\_  
Savings Account # \_\_\_\_\_ Bank \_\_\_\_\_

Relationship \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_

Previous or Secondary Residence (if less than 3 years at present address):  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Years There \_\_\_\_\_  
Previous Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_  
Position \_\_\_\_\_ Years There \_\_\_\_\_  
No. of Dependents \_\_\_\_\_ Ages \_\_\_\_\_  
E-mail Address \_\_\_\_\_

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Checking Account # \_\_\_\_\_ Bank \_\_\_\_\_  
Savings Account # \_\_\_\_\_ Bank \_\_\_\_\_

Relationship \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_



## FINANCIAL INFORMATION

If Joint Applicant section has been completed, this section should be completed giving information about both the Applicant and the Joint Applicant. If not, give information about only the Applicant in this section. Include all charge accounts, installment loans/contracts, credit cards, etc. Use separate sheet if necessary.

LIABILITIES	Present Balance	Monthly Pymt. Amt.	ASSETS	Cash Value
Buying/Renting _____	\$ _____	_____	Cash on Hand	\$ _____
Auto _____	\$ _____	_____	Home Market Value	\$ _____
Loans _____	\$ _____	_____	Other Real Estate	\$ _____
_____	\$ _____	_____	Auto (Year / Make):	
_____	\$ _____	_____	_____	\$ _____
Charge Accts. _____	\$ _____	_____	_____	\$ _____
_____	\$ _____	_____	Stocks & Bonds	\$ _____
_____	\$ _____	_____	Cash Value of Life Ins.	\$ _____
_____	\$ _____	_____	Non-FBT Bank Deposits	
Other Obligations (child support, alimony, etc.) Describe: _____	\$ _____	_____	and/or Assets:	\$ _____
_____	\$ _____	_____	_____	\$ _____
_____	\$ _____	_____	_____	\$ _____
<b>TOTAL LIABILITIES:</b>	\$ _____	_____	<b>TOTAL ASSETS:</b>	\$ _____

Are you a co-maker, endorser, or guarantor on any loan or contract?  Yes  No

Have you ever filed bankruptcy?  Yes  No

Are there any judgments against you?  Yes  No

Are you a member of the U.S. Armed Forces serving on active duty, or a dependent of a member of the U.S. Armed Forces on active duty?

Yes  No

**\*WILL ANY OF THE LOAN PROCEEDS BE USED FOR HOME IMPROVEMENTS OR REFINANCE OF HOME IMPROVEMENTS?**  Yes (How much? \$ \_\_\_\_\_)  No

## CONSUMER PROTECTION FOR BANK SALES OF INSURANCE

In connection with your credit application, First Bank & Trust advises you of the following:

- First Bank & Trust may not condition the extension of credit you are applying for on whether you purchase an insurance product or annuity from the Bank or any affiliate of the Bank.
- First Bank & Trust may not condition the extension of credit you are applying for on your agreement not to obtain, or a prohibition on your obtaining, an insurance product or annuity from an entity not affiliated with the Bank.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

X \_\_\_\_\_  
Applicant Signature Date

X \_\_\_\_\_  
Joint Applicant Signature Date

## APPLICANT INTENT

If you intend to apply for joint credit, initial here: \_\_\_\_\_  
Applicant Joint Applicant

## ACKNOWLEDGMENT

Everything that I have stated in this application is correct. I understand that the Bank will retain this application whether or not it is approved. The Bank is authorized to check my credit and employment history and to answer questions about the Bank's credit experience with me. I also agree to notify the Bank immediately in writing of any significant adverse change in my financial condition.

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X \_\_\_\_\_  
Applicant Signature Date

X \_\_\_\_\_  
Joint Applicant Signature Date

# CUSTOMER COPY

## CONSUMER PROTECTION FOR BANK SALES OF INSURANCE

In connection with your credit application, First Bank & Trust advises you of the following:

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- First Bank & Trust may not condition the extension of credit you are applying for on your agreement not to obtain, or a prohibition on your obtaining, an insurance product or annuity from an entity not affiliated with the Bank.

By signing, I acknowledge that I have received a copy of this form on today's date. Unless this disclosure is provided electronically or I have applied for credit by mail, I also acknowledge that you have provided this disclosure to me orally.

X \_\_\_\_\_  
Applicant Signature Date

X \_\_\_\_\_  
Joint Applicant Signature Date



# USA PATRIOT ACT

## 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 your driver's license or other identifying documents.