Auto or Recreational Vehicle Loan Application

First Name:		Last Name:	
Submitted on:			
Preferred branch you would like to handle your loan request:			
To help the government fight obtain, verify, and record info What this means for you: Wh allow us to identify you. We rescurity Notice: You should ONLY fill out this version, download a copy not Instructions: 1. Gather the documents need Valid Drivers License & Cur 2. Complete application onling. To safeguard your privacy.	ormation that identifies each personen you open an account, we will anay also ask to see your driver's leform on-line if you are using a brew. This form is NOT cached (save eded to apply for the loan online. The trent Paystubs for all applicants to and click "Submit Application", QUIT your browser and restart it intended for commercial use. A view of the policy of the property of	ey laundering activities, Federal law on who opens an account. ask for your name, address, date of icense or other identifying documen owser with the latest security enhan ed in your computer's memory) when a again after using this form.	birth, and other information that will atts.
the information you will need	<u> </u>	oan Information	
Amount Requested:			
Purpose of Loan Request:			
Description of Collateral Offered: (required) Loans available for vehicles 2015 or newer. For loan inquiries on collateral older than 2015, please contact a branch.	Year:	Make:	Model:
Term Requested: (required) *Terms available depend on the type and age of collateral*	 12 mo. 24 mo. 36 mo. 48 mo. 60 mo. 72 mo. (Term available for least one) 	New Vehicles Only)	
Are you applying as an individual or with a coapplicant as a joint application? (required)	◯ Individual ◯ Joint		
	Арр	licant Information	
First Name:	Middle Initia	al: Last Nan	ne: Suffix:

Date of Birth:	irth: Social Security No.:		E	Email Address:	
Primary Phone	e: Se	Secondary Phone:		Best Time to Call:	
Driver's License Information:	Driver's License No.:	State Issued:	Issued Date:	Expiration Date:	
Upload front & back of license (required)	Please submit this information	as an additional attachm	nent.		
Citizenship: (required)	U.S. Citizen Permanent Resident Alie	n			
	Non-Resident Alien				
(required)	Address Line 1 Address Line 2 City	eant Housing Information	ZIP Code		
Do you currently: (required)	Own Rent Other				
If own: (required)	Estimated Property Value:	Annual Property Tax A	mount: Annual Home	owner Insurance Amount:	
At Current A	Address Since (mm/yyyy):		Monthly Rent or Mortga(ge Payment:	
	Applicar	nt Employment Informatio	on .		
Current Employment Status: (required)	EmployedUnemployedSelf-EmployedRetired				
	Current Employer Nan	ne:		Phone:	

	Address Line 1				
Address Information	Address Line 1				
(required)					
	City	State	ZIP Code		
Gross Monthly	Salary:	Your Position:	Years at Curre	nt Employer:	
Upload most recent pay stubs or proof of income documentation here (required)	Please submit this information as an additional attachment.				
Applicant Other Income					
You do not have to list alimo granting and repayment of the		e maintenance income	unless you want us to conside	er it for the purpose of	
Other Income (required) If completing this section, include proof of income in upload sections.	Monthly Amount:		Source of Other Income:		
Additional income (second job) (required) If completing this section, include pay stubs in upload section.	Name of Employer:	Position:	Gross Monthly Income:	Years at this job:	
	Со-Ар	plicant Information (if ap	plicable)		
First Name:	First Name: Middle Initial: Last Name: Suffix:				
Date of Birth:	Social Security Number:		Email Address:		
Date of Birtin.	s	ocial Security Number:		Email Address:	
Primary Phone		ocial Security Number: Secondary Phone:		Email Address: Time to Call:	
Primary Phone					
):	Secondary Phone:	Best	Time to Call:	
Primary Phone Driver's License Information: Upload front & back of):	Secondary Phone: State Issued:	Best Issued Date:	Time to Call:	
Primary Phone Driver's License Information:	Driver's License No:	Secondary Phone: State Issued: tion as an additional atta	Best Issued Date:	Time to Call:	
Driver's License Information: Upload front & back of license	Driver's License No: Please submit this informa U.S. Citizen	Secondary Phone: State Issued: tion as an additional atta	Best Issued Date:	Time to Call:	

	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
Do you currently:	Own Rent Other			
If own: (required)	Estimated Property Value:	Annual Property Tax Amount:	Annual Homeowner Insurance Amount:	
At Current A	Address Since (mm/yyyy):	Monthly	Rent or Mortgage Payment:	
	Co-Applic	ant Employment Information		
Current Employment	EmployedUnemployed			
Status:	Self-Employed Retired			
	Current Employer Nan	ne:	Phone:	
Address Information	Address Line 1 Address Line 2			
	City	State	ZIP Code	
Gross Monthly	Salary: Yo	our Position:	Years at Current Employer:	
Upload most recent pay stubs or proof of income documentation here	Please submit this information	as an additional attachment.		
Co-Applicant Other Income You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purpose of granting and repayment of this credit request.				
Other Income (required) If completing this section, include proof of income in upload sections.	Monthly Amour	nt:	Source of Other Income:	

Additional Income (second job) (required)	Name of Employer:	Position:	Gross Monthly Income:	Years at this Job:
If completing this section, include pay stubs in upload				
section.				
		Deposit Accoun	ts	
Last 4 digits o	f your Primary Checking acco	unt number:	Name of Bank:	Approx. Balance:
Last 4 digits o	f your Primary Savings accou	nt number:	Name of Bank:	Approx. Balance:
Automatic Loan Payment A 0.25% interest rate reduction checking or savings account		is setup to autom	atically deduct payments from a	Mercer County State Bank
loan is paid in full. I understa	and the Bank reserves the righ	it to terminate the	ach monthly due date. This will automatic repayment plan witho the interest rate will increase 0.2	ut notice.
Do you want your monthly payment automatically deducted from your Mercer County State Bank deposit account? (required)				
If yes, please provide deposit account number:				
Applicant(s) Statement				
State Bank ("Bank") to make including obtaining my credit	whatever inquiries about me reports and contacting my en	deemed necessa nployer. I also aut	nt(s) is true, correct and complete ry and appropriate for the purpos horize the Bank to provide credit to provide any further information	se of evaluating my credit, information about its credit
(required)	I/We agree with the abo	ove statement		

Thank you for your loan request. Please click "Submit Form" below to start the loan process. A loan officer from Mercer County State Bank will reach out within two business days with a decision or to review any additional information needed for your request. If you have any questions regarding your application, please reach out to your preferred local branch.