

SECTION F – OVERDRAFT PROTECTION

If you are applying for a Regions Credit Line, please read below:

Check here if you wish to use your Regions Credit Line as Overdraft Protection.

You hereby authorize Regions to transfer funds from your Regions Credit Line your Checking Account # _____ in accordance with our Customer Agreement for Depository Accounts governing the Checking Account.

Applicant Initials _____ Co-Applicant Initials _____

SECTION G – ACKNOWLEDGEMENT AND SIGNATURE

Everything you have stated in this application is true and correct to the best of your knowledge. You understand that we will retain your application whether or not it is approved. We are authorized to check your credit and employment history and to answer any questions about your credit experience with you. You understand that **you are not requesting credit at a specific interest rate** and that **if your application is approved, the interest rate on your loan will be based on several factors**, including your credit history, and may be higher than our “best” rate or “published” rate. You further acknowledge that you have received a copy of the Regions Privacy Policy.

Primary Applicant Signature

Date

Secondary Applicant Signature

Date

Regions Credit Line APR & Fee Disclosure

Annual Percentage Rate for Purchases	Grace Period for Repayment of Balances	Method of Computing the Balance for Purchases	Annual Fee	Minimum Finance Charge	Over-limit Fee	Late Payment Fee	Transaction Fee for Purchases	Transaction fee for Cash Advance (Regions Credit Line only)
19.8%	None	Average daily balance method (including new purchases)	\$25.00	None	\$29.00	\$29.00	\$5.00	\$5.00



Consumer Loan Application

SECTION A - Amount Requested \$ _____ Term Requested _____ Loan Type: Installment _____ Line of Credit _____

I/We intend to apply for joint credit. Primary Applicant _____ (initial) Secondary Applicant _____ (initial)
If you are applying for a joint account or an account that you and another person will use, please complete sections B1 and B2 below.

SECTION B1 - PRIMARY APPLICANT

Full Name: _____

Date of Birth: _____ Social Security #: _____

Married Separated Unmarried

Please note: Unmarried includes single, divorced and widowed

Street Address: _____

City: _____ State: _____ Zip: _____

Years There: _____ Own Rent Other

Telephone #: (_____) _____ Housing Payment: \$ _____

Primary Home Value \$ _____

Mailing Address: _____

Present Employer: _____

Telephone #: (_____) _____

Years There: _____ Position or Title: _____

Sources of Income:

Salary and Wages \$ _____ per _____

Other Income* \$ _____ per _____

Source _____

TOTAL INCOME \$ _____ per _____

SECTION B2 - SECONDARY APPLICANT

Full Name: _____

Date of Birth: _____ Social Security #: _____

Married Separated Unmarried

Please note: Unmarried includes single, divorced and widowed

Street Address: _____

City: _____ State: _____ Zip: _____

Years There: _____ Own Rent Other

Telephone #: (_____) _____ Housing Payment: \$ _____

Primary Home Value \$ _____

Mailing Address: _____

Present Employer: _____

Telephone #: (_____) _____

Years There: _____ Position or Title: _____

Sources of Income:

Salary and Wages \$ _____ per _____

Other Income* \$ _____ per _____

Source _____

TOTAL INCOME \$ _____ per _____

*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.

SECTION C - Co-SIGNOR INFORMATION (to be completed if a guarantor will be used to qualify for the loan)

Full Name: _____

Date of Birth: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Years There: _____ Own Rent Other

Telephone #: (_____) _____

Housing Payment: \$ _____

Present Employer: _____

Telephone #: (_____) _____

Years with Employer: _____ Position: _____

Salary and Wages \$ _____ per _____

Other Income* \$ _____ per _____

Source _____

TOTAL INCOME \$ _____ per _____

*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.

SECTION D - COLLATERAL

AUTO

Year: _____ Make: _____ Model: _____

Type: _____ 2D / 4D 2WD / 4WD

VIN or Serial #: _____

Mileage: _____ Purchase Price \$ _____

Down Payment/Trade Value (if applicable) \$ _____

MARKETABLE SECURITY OR BANK DEPOSIT ACCOUNT

Account # _____ Value: \$ _____

Description: _____

Account Owner(s): _____

SECTION E: 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 to 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 drivers license or other identifying documents.

By signing below, you acknowledge that you have read, received and understand these disclosures and that Regions Bank made an oral disclosure of the applicable information above.