

EVANS BANK, N.A.

CHECK BOX FOR JOINT ACCOUNT: If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information in Part III, below, about the Joint Applicant or user. We intend to apply for Joint Credit.

Applicant _____ Co-Applicant _____

PART I

CREDIT APPLICATION IMPORTANT: Lender/Dealer Must Complete Part I Before Applicant Completes Application.

CHECK APPLICABLE BOX	<input type="checkbox"/> INDIVIDUAL ACCOUNT-SECURED <input type="checkbox"/> INDIVIDUAL ACCOUNT-UNSECURED <input type="checkbox"/> JOINT ACCOUNT	<input type="checkbox"/> AUTHORIZED USER <input type="checkbox"/> INDIVIDUAL ACCOUNT <input type="checkbox"/> REVOLVING ON INCOME OF SPOUSE OR OTHER PERSON		
DATE	AMOUNT REQUESTED	TERM	PAYMENT DATE DESIRED	PROCEEDS OF LOAN TO BE USED FOR

APPLICANT INSTRUCTIONS - PERSONAL Part II Must Be Completely Filled In Except For Shaded Areas Which Are Optional.

TITLE OPTIONAL	[] MS. [] MISS [] MR. [] MRS.	NAME	LAST	FIRST	MIDDLE	NO. OF DEP.	DATE OF BIRTH
ADDRESS	NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	YEARS	SOCIAL SECURITY NO.
FORMER ADDRESS	NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	YEARS	RESIDENCE PHONE
ARE YOU A U.S. CITIZEN? [] YES [] NO	IF NO, DESCRIBE IMMIGRATION STATUS	DO NOT COMPLETE IF THIS APPLICATION IS FOR INDIVIDUAL UNSECURED CREDIT.	[] MARRIED [] UNMARRIED (INC. SINGLE, DIVORCED, WIDOWED)	[] SEPARATED	WAGES \$	WEEKLY BI-WEEKLY MONTHLY	
YOUR JOB	PRESENT EMPLOYER	POSITION	NO. YEARS THERE				
ADDRESS	NO. & STREET	CITY	STATE	ZIP CODE	BADE NO.	BUSINESS PHONE	
FORMER EMPLOYER (IF LESS THAN 3 YEARS)		ADDRESS					

OPTIONAL: Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.

VERIFICATION REQUIRED: [] MONTHLY [] QUARTERLY [] SEMI-ANNUALLY [] ANNUALLY SOURCE

ADDITIONAL INCOME

INVESTMENT INCOME \$	[] MONTHLY [] QUARTERLY [] ANNUALLY	SOURCE		
FINANCIAL	CHECKING — BANK	BRANCH	SAVINGS — BANK	BRANCH

DEBITS - LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE INDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT. USE EXTRA SHEET IF NECESSARY

CREDITOR	MONTHLY PAYMENT	PRESENT BALANCE	CREDITOR	MONTHLY PAYMENT	PRESENT BALANCE
----------	-----------------	-----------------	----------	-----------------	-----------------

1	LANDLORD OR MORTGAGE HOLDER	[] RENT [] OWN	4
2	AUTO - LIENHOLDER		5
3	OTHER OBLIGATIONS	NO. OF DEPENDENTS AND AGES	6
		TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$	

CREDIT REFERENCES	1	2	3	4
-------------------	---	---	---	---

PREVIOUS CREDIT	I HAVE RECEIVED CREDIT IN THE PAST WHILE USING THE FOLLOWING NAME	NAME	CREDITOR	YEAR
-----------------	---	------	----------	------

ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?	[] YES [] NO	IF "YES" FOR WHOM?	TO WHOM?	
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?	[] YES [] NO	OMIT IF MORE THAN 7 YEARS	AMOUNT \$	IF "YES" TO WHOM OWED?

WERE YOU EVER BANKRUPT?	[] YES [] NO	OMIT IF MORE THAN 10 YEARS	IF "YES" WHERE?	YEAR
NAME OF NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU	ADDRESS	PHONE		

DESCRIPTION OF PROPERTY SECURING CREDIT (IF APPLICABLE)

PART II

EVANS BANK, N.A.

Applicant

Co-Applciant

PART III - CO-APPLICANT/USER: PERSONAL To Be Checked by Lender.

JOINT ACCOUNT AUTHORIZED USER INDIVIDUAL ACCOUNT (RELYING ON INCOME OF SPOUSE OR OTHER PERSON)

Co-Applciant/User Instructions Must Be Completely Filled-In Except for Shaded Areas Which Are Optional.

TITLE OPTIONAL	<input type="checkbox"/> MRS	<input type="checkbox"/> MISS	NAME	LAST	FIRST	MIDDLE	NO. OF DEP.	DATE OF BIRTH
	<input type="checkbox"/> MR.	<input type="checkbox"/> MRS.						
ADDRESS	NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	YEARS	SOCIAL SECURITY NO.	
FORMER ADDRESS	NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	YEARS	RESIDENCE PHONE	
YOUR JOB	PRESENT EMPLOYER	POSITION	NO. YEARS THERE	WAGES				<input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY
ADDRESS	NO. & STREET	CITY	STATE	ZIP CODE	ZIP CODE	SAFETY NO.	BUSINESS PHONE	
FORMER EMPLOYER (IF LESS THAN 3 YEARS)	ADDRESS							

OPTIONAL INCOME Although a child's support or separate maintenance payments are optional information and need not be reported if the applicant does not choose to do so, such income is applicable for credit.

VERIFICATION REQUIRED: MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

\$ _____ SOURCES

ADDITIONAL INCOME	MONTHLY	SEMI-ANNUALLY	SOURCE
FINANCIAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> ANNUALLY	
CHECKING -- BANK			BRANCH
SAVINGS -- BANK			BRANCH

DEBITS - LIST ALL BANKS, STORES, LOAN & FINANCE COMPANIES, CREDIT UNIONS AND OTHERS TO WHOM YOU ARE INDEBTED. INCLUDE ANY REVOLVING LINE OF CREDIT. USE EXTRA SHEET IF NECESSARY

LANDLORD OR MORTGAGE HOLDER	RENT OWN	MONTHLY PAYMENT	PRESENT BALANCE	MONTHLY PAYMENT	PRESENT BALANCE
1	<input type="checkbox"/>		4		
2	<input type="checkbox"/>		5		
3	<input type="checkbox"/>		6		

OTHER OBLIGATIONS NO. OF DEPENDENTS AND AGES TOTAL MONTHLY LIABILITY TO PAY ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE \$

CREDIT REFERENCES	1				
	2				
PREVIOUS CREDIT	I HAVE RECEIVED CREDIT IN THE PAST WHILE USING THE FOLLOWING NAME		NAME	CREDITOR	YEAR
ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR ON ANY LOAN OR CONTRACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" FOR WHOM?			
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OMIT IF MORE THAN 7 YEARS	AMOUNT \$	IF "YES" TO WHOM OWED?	
WERE YOU EVER BANKRUPT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OMIT IF MORE THAN 10 YEARS	IF "YES" WHERE?	YEAR	

EVANS BANK, N.A.

Applicant

Co-Applicant

CREDIT INQUIRIES

I/WE AUTHORIZE the Lender to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish to the Lender any information it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended.

I am/We are hereby notified that a consumer report may be requested in connection with this credit application. If I/we request, I/we will be informed whether or not a consumer report was requested, and if such report was requested, I/we will be informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit.

All information set forth in this application is declared to be a true representation of facts for the purpose of obtaining the credit requested and any willful misrepresentation on this application could result in criminal action.

NOTICE TO GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you, as a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the Lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial directly to the primary applicant(s) and not to you.

As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of guarantor.

By completing and submitting this application as guarantor, you are authorizing the Lender to share the specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

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.

IMPORTANT: THIS APPLICATION MUST BE SIGNED AND DATED BELOW, BEFORE IT CAN BE PROCESSED.

SIGNATURE OF APPLICANT _____ DATE _____ SIGNATURE OF CO-APPLICANT _____ DATE _____

COMPLETED BY LENDER:

Identification: _____ Name and/or Title: _____
Interviewer's Signature: _____

(INFORMATION FOR GOVERNMENT MONITORING PURPOSES BELOW, SHOULD ONLY BE COMPLETED FOR HOME IMPROVEMENT, REFINANCING AND MOBILE HOME LOANS.)

INFORMATION FOR GOVERNMENT MONITORING PURPOSES.

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this Lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

APPLICANT:	<input type="checkbox"/> I do not wish to furnish this information.	CO-APPLICANT:	<input type="checkbox"/> I do not wish to furnish this information.
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Male