

Individual / Commercial Purpose Credit Extension

My signature below authorizes Horizon Bank S.S.B. to obtain credit bureau reports in my name for any individual or commercial credit request on which I may be (or am already) obligated or guarantee. This authorization applies to the original request, renewals, modifications, and extensions and to subsequent credit confirmations (such as annual credit verifications).

I acknowledge that Horizon Bank, SSB may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report.

Were your gross annual revenues in the previous fiscal year \$1,000,000.00 or less?
 If you answered yes and your application is denied, you have the right to receive a written statement of the specific reason for this denial. To obtain the statement, please contact:

Horizon Bank, SSB
 Attention: Loan Operations
 P O Box 685133
 Austin, TX 78768
 512-637-5730

within 60 days from the date that you were notified of our decision. We will send you a written statement of reason for denial within 30 days of receiving your request. The notice below describes additional protections extended to you.

NOTICE: The federal **Equal Credit Opportunity Act** prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City 64106

RIGHT TO RECEIVE COPY OF APPRAISAL - I/We have the right to a copy of the appraisal report used in connection with this loan application for credit provided that I/we have paid for the appraisal report. To obtain a copy, I/we must send the Creditor a written request at the mailing address Creditor has provided. Creditor must hear from us no later than 90 days after Creditor notifies me/us about the action taken on this application, or I/we withdraw this application. If you would like a copy of the appraisal report, contact: Horizon Bank, SSB, P.O. Box 685133, Austin Texas 78768

Signature	Printed Name	Date
Social Security Number	Driver's License / Expiration Date	Date of Birth
Email Address		
Signature	Printed Name	Date
Social Security Number	Driver's License / Expiration Date	Date of Birth
Email Address		
Physical Address		
Residence Phone	Business Phone	

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Name: _____ Social Security Number: _____

Physical Address: _____

DL Number: _____ State: _____ Expiration Date: _____

Business Phone: _____ Personal Phone: _____

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Were your gross annual revenues in the previous fiscal year \$1,000,000.00 or less? Yes No

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Signature: _____ Date: _____