



FINANCIAL STATEMENT LOAN APPLICATION

PO Box 17465
Greenville, SC 29606
PO Box 7908
Columbia, SC 29202
PO Box 22588
Charleston, SC 29413

INDIVIDUAL INFORMATION					
Name		Date of Birth	Social Security No.		No. of Dependents
Home Address		Home Phone ()	Driver's Lisc No. & State	Issue Date	Expiration Date
City/State/Zip		Mobile Phone ()	Email		
Employer	Years	Business Phone ()	Occupation	Years	
Business Address			Position	Years	

JOINT OR OTHER PARTY INFORMATION					
Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state					
Joint Name		Date of Birth	Social Security No.		No. of Dependents
Home Address		Home Phone ()	Driver's Lisc No. & State	Issue Date	Expiration Date
City/State/Zip		Business/Mobile Phone ()	Email		
Business Address		Employer	Occupation	Years	Position Years

CREDIT REQUEST	
Amount: \$	Check box to indicate the type of account you are requesting. <input type="checkbox"/> Individual Credit - relying solely on my income or assets <input type="checkbox"/> Individual Credit - relying on my income and assets as well as income or assets of another <input type="checkbox"/> Joint Credit - We intend to apply for joint credit. (initials) _____
Collateral:	
Purpose:	

FINANCIAL INFORMATION AS OF _____ (DATE)			
ASSETS		LIABILITIES	
Cash on hand, and in Banks	\$	Notes Payable to Southern First (See schedule No. 5)	\$
Deferred Comp. & Retirement Plans (See schedule No. 1)		Notes Payable to Others (See schedule No. 5)	
Stocks and Securities (Please attach brokerage statement(s))		Loans Against Life Insurance (See schedule No. 2)	
Cash Surrender Value Life Insurance (Do not deduct loans)(See schedule No 2)		Credit Card Debt (See schedule No. 6)	
Accounts, Loans, and Notes Receivable		Taxes and Assessments Payable (Attach Details)	
Automobiles		Mortgages Payable on Real Estate (See schedule No. 4)	
Real Estate - Primary Residence (See schedule No. 4)		Accounts Payable	
Real Estate - Other (See schedule No. 4)		Total Liabilities	\$
Personal Property Other Assets (Itemize)		Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth (Equals Total Assets)	\$

BORROWER'S PREFERENCE	
If this loan is for a personal, family or household purpose and is secured in whole or in part by a lien on real estate, please indicate your preferences below.	
Attorney to represent you in all matters relating to the closing of this transaction:	
Insurance Agent to furnish hazard and flood property insurance in connection with this mortgage:	

I certify that everything I have stated on this form and on any attachments is accurate. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request.

Signature	Date	Signature	Date
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Application taken by: _____ Telephone Mail Face to Face Date: _____

GENERAL INFORMATION

(Please attach details for each "Yes" response)

Do you have contingent liability as a guarantor or co-maker?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Personal bank accounts at:
Are you obligated to make Alimony, support or maintenance payments?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever applied for credit with Southern First Bank?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Have you ever taken bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes

INCOME

INDIVIDUAL		JOINT OR OTHER PARTY	
Salary	\$	Salary	\$
Bonus and Commissions	\$	Bonus and Commissions	\$
Dividends	\$	Dividends	\$
Real Estate Income	\$	Real Estate Income	\$
Notice: Alimony, child support, separate maintenance income need not be revealed if it is not considered as a source of repayment.			
Other Income	\$	Other Income	\$
Total	\$	Total	\$
Alimony, child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding			
Is any income listed in this Section likely to be reduced before this credit request is paid off? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Schedule 1 Deferred Compensation & Retirement Plans*

Trustee or Plan Administrator	Acct Type	Beneficiary	Value	Loans	Net Value	In Name of
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

*Includes I.R.A. Accounts, KEOGH, 401K, Fully Vested Benefit Plans, etc.

Schedule 2 Life Insurance and Annuities*

(Attach schedule if desired)

Company	Insured	Face	Beneficiary Amount	Cash Value	Loans	Net Value	Pledged?
			\$	\$	\$	\$	Y / N
			\$	\$	\$	\$	Y / N
			\$	\$	\$	\$	Y / N

*Includes Employer Provided Insurance

Schedule 3 Long Term Disability Insurance

(Attach schedule or benefit statements if desired)

Insurance Company	Monthly Benefit	Period	Premium	Tax Free?	COLA?
	\$		\$	Y / N	Y / N
	\$		\$	Y / N	Y / N

Schedule 4 Real Estate Owned*

(Attach schedule if desired)

Address/Description	Acquired	Cost	Value	Lienholder	Mortgage	Mo. Payment	Interest Rate	Ownership
	Year	\$	\$		\$	\$	%	%
		\$	\$		\$	\$	%	%
		\$	\$		\$	\$	%	%

*Includes Partnerships and LLCs

Schedule 5 Notes Payable

(Exclude mortgages listed in Schedule 4)

Due to	Collateral	Original Loan	Balance	Interest Rate	Terms	Maturity	Mo. Payment
		\$	\$	%			\$
		\$	\$	%			\$
		\$	\$	%			\$

Schedule 6 Credit Card Accounts

Credit Card Company	Limit	Balance	Credit Card Company	Limit	Balance
	\$	\$		\$	\$
	\$	\$		\$	\$
	\$	\$		\$	\$