## **Marine Loan Application**



For Bank Use Only	D l. // 00	DI 1	/ 7040			l	0 1		Walk-Ir	1 <u> </u>	] Mail-	In 🗌	Telephone		
Bank # <u>02</u> Employee #	Branch # <u>82</u> Network #		7 <u>048</u> Applicant Fo		=	srancn (	Contac	π <u></u>		A	pp ID a	 #			
. ,			•								PP				
Section A-Pleas		Term	Rate		Price	Cash Do	wn Paym	ent \/	ecol Head	то П С	`harter	l Er	ngines		
☐ purchase or ☐ refinance of \$ _	a loan for the	_	Nate	\$	y Frice	\$	wii Fayiii		essel Usaç Pleasure				Single  Twin  Gas  Diesel		
Seller's Name and Address						Phone			☐ Dea		☐ Broker		orsepower:		
☐ Used	nufacturer		Year Model/Type				☐ Metal ☐ Fiberg				☐ Wood Manufact		anufacturer:		
Hull Identification Number (HIN)	Official Number (L	ISCG)	State Regist	tration N	lumber	income ar the credit	d assets, a requested.	nd not the inc	ome or asse	ets of and	t in my own other persor	name, and n, as the ba	am relying on my own sis for repayment of		
Description of Trade-In		Tra \$	ade-In			relying on	our joint inc	pplying for joi come and asso credit request	ets as the bated.	asis		le 🗆 Tw			
Length Manufacturer		Year	Model/Typ	е				☐ Metal ☐ Fiberglas	□ Wood ss	t	Manufac	xturer:			
Section B-Pleas	e Tell Us Ab	out Your	rself												
Corp, LLC Name							TIN/EI	N:							
First Name	irst Name Initial			Last Name			Date of Birth			Social Secu			curity Number		
Home Address	•	Ci					Star			ite Zip		Zip Code			
Home Phone Business Phone			Number Of Dependents P			of Birth							Are you a U.S. Citizen? ☐ Yes ☐ No		
Rent Lives Own/Buying W/Others	Mthly Rent/Mtg Pmt \$	Landlord/Mortga	agor		ı	Yrs/Mths Yrs	There Mths	Year Pur	chased	Purch \$	ase Price		ond Mtg. Balance		
Previous Address (if less than two	years at above)		City					State			Zip Co	de	Yrs/Mths There Yrs Mths		
Name and Address of Employer *			I			Position	Occupation	on	Y	rs/Mths	There Mths	Gross	Annual Salary		
Name and Address of Previous En	nployer * (if less than two	ears at current er	mployment)					Pos	ition/Occu				Yrs/Mths There Yrs Mths		
Checking Account Bank ☐ Yes ☐ No					Savings  ☐ Yes	Account Do	Bank								
Note: You do not have to include i payments, unless you want						Sour	ce Of Othe	er Income				An \$	nual Amount		
Name and Address of Closest Rela	ative Not Living At Your Ad	ldress						Rela	ationship			Home	Phone		
*If you are self-employed, on co		-													
Section C-Pleas				olica	ant (If	you are			n indivi	idual			-		
First Name	Initial	Last Name	e 				Date o	of Birth				Security No			
Home Address					City					State			Zip Code		
Home Phone	Business Phone	Ni	umber Of Depen	dents	Place of							☐ Ýes			
Name and Address of Employer *						Position/Occupation Yrs/Mths There Yrs Mths						Gross Annual Salary \$			
Checking Account Bank ☐ Yes ☐ No					Savings  ☐ Yes	s Account Bank □ No									
Note: You do not have to include i payments, unless you want						Sour	ce Of Othe	er Income				Ann \$	ual Amount		
*If you are self-employed, on co						than salar	y, please	attach a co	opy of yo	ur last	two years	s' federal	tax returns.		
Section D-Pleas															
List all your current obligati A Personal Financial Staten						ases, un <sub>l</sub>	oaid tax	es, alimo	ny, and	child	support	, etc.			
	Creditor				Account Number				Current Outstanding Balance/ Date Paid Off			Monthly Payment (or other term)			
Auto Make	Year/Model	Whe	ere Financed						\$	Date i e	aid Oil	\$			
									\$			\$			
									\$			\$			
									\$			\$			
In compliance with recent federal In A copy of your tax return, W2, or e I/We authorize the Creditor to mak this application. I/We authorize an Creditor any information that it may credit is extended. I/We authorize Referral: Unless I/we initial here, approval/purchase. This statemen I/We certify that the information pro Applicant's Signature	arnings statement must be whatever credit inquiries id instruct any person, incly have or obtain in respon the Creditor to furnish cre SunTrust Bank is hereby a tt does not limit SunTrust's	e submitted prior to tit deems necessanding but not limite se to such credit in dit information, industrated uthorized to share right to sell or associated	o your settlement ary in connection ed to, all local, standaries and agre cluding insurance this application as sign any loans to	t date fo with this ate, or force that so information and cred a third patenting the	or income volume to see credit appederal gower uch information, to perfetting the dittinformation. Appeder volume to see control of the contr	erification. plication or ernmental ation, alon rsons who tion with its licant/Co-A escribed al	in the cou agencies, g with this may lawfu affiliates applicant i	or consum application ully receive or other ler nitials	ew or colle er reportir n, shall rer and use s nders, whi	ng agen main the such infe ch may	cies, to control communication.	dit extende omplete a 's propert	nd furnish the y whether or not		

mportant: Check box "J" if assets or liabili	ties are owne	ed jointly o	or owed jointly	/								
Assets Amount			J	Liabilities						Amount		
Cash on Hand, in Checking and in Savings (Sched 1)	\$			Notes Payable to Banks (Section			)			\$		
Retirement Accts (IRA, SEP, 401K, etc.) (Schedule 1)				Notes Payable to Others					\$			
Accounts Receivable - Good \$		\$		Loans Against Life Insurance						\$		
Notes Receivable - Good	\$		Accounts Payable 1.				\$					
Stocks, Bonds and Mutual Funds (Schedule 2)	\$			2.			\$					
Cash Value Life Insurance (Schedule 3)	\$			3.					\$			
Automobiles (Number Owned)	\$			4.					\$			
Real Estate (Schedule 4)	\$			5.					\$			
Interest in Business Owned	\$			Loans Payable on Automobiles					\$			
Boat Presently Owned	\$			Loans A	gainst Real E	state (Schedule 4	)		\$			
Deposit on Boat Being Purchased \$				Other Liabilities 1.						\$		
Other Assets 1.	\$			2.						\$		
2. \$			3.				\$			\$		
3. \$				4.								
\$				5.						\$		
5.	\$			Total Li	abilities		\$			\$		
Total Assets	\$			Net Wo	rth (Total Ass	)	\$					
lease use the space below or a separate s	heet if you no	eed additi	onal space.	l.								
Schedule 1 – Banks Where Accounts Are M	laintained (SI	now joint a	accounts by c	hecking							1	
Name of Depository		Name of J	oint Owner			ance on eposit	J	Accou Type		7	Account Nu	
					Doposit			i ype				
Schedule 2 – Stocks, Bonds and Mutual Fu	nde											
Describe and show number of shares or face value	143			Title in Na	ome of		Curr	ent Market	\/alue		Pledged	2
Describe and show humber of shares of face value				THE III IN	anie oi		Curr	ent Market	value		Fleugeu	:
Schedule 3 – Life Insurance												
Schedule 3 – Life Insurance Name of Insurance Company				Name of l	nsured		-	Face Amou	nt		Cash Val	ue
				Name of l	nsured		ı	Face Amou	nt		Cash Val	ue
				Name of l	nsured			Face Amou	nt		Cash Val	ue
Name of Insurance Company				Name of I	nsured		·	Face Amou	nt		Cash Val	ue
				Name of li	nsured		Ī	Face Amou	nt		Cash Val	ue
Name of Insurance Company	Title in Nar	ne of	Market Value		nsured	Monthly Payn		Face Amou		Thom	Monthly F	Renta
Name of Insurance Company  Schedule 4 – Real Estate	Title in Nar	me of	Market Value			Monthly Payn				Thom		Renta
Name of Insurance Company  Schedule 4 – Real Estate	Title in Nar	ne of	Market Value			Monthly Payn				Thom	Monthly F	Renta
Name of Insurance Company  Schedule 4 – Real Estate	Title in Nar	ne of	Market Value			Monthly Payn				Thom	Monthly F	Renta
Name of Insurance Company  Schedule 4 – Real Estate	Title in Nar	ne of	Market Value			Monthly Payn				//hom	Monthly F	Renta
Name of Insurance Company  Schedule 4 – Real Estate	Title in Nar	ne of	Market Value			Monthly Payn				'hom	Monthly F	Renta
Name of Insurance Company  Schedule 4 – Real Estate	Title in Nar	me of	Market Value			Monthly Payn				//hom	Monthly F	Renta
Name of Insurance Company  Schedule 4 – Real Estate	Title in Nar	ne of	Market Value			Monthly Payn				'hom	Monthly F	Renta
Name of Insurance Company  Schedule 4 – Real Estate				Amo	unt Owed					'hom	Monthly F	Renta

Please Use This Space For Any Additional Information: