

Marine Loan Application



For Bank Use Only				<input type="checkbox"/> Walk-In <input type="checkbox"/> Mail-In <input type="checkbox"/> Telephone
Bank # <u>02</u>	Branch # <u>825</u>	RU # <u>7048</u>	Branch Contact _____	
Employee # _____	Network # _____	Co-Applicant For: _____	App ID # _____	

Section A-Please Tell Us About Your Loan Request

I (We) hereby make application for a loan for the <input type="checkbox"/> purchase or <input type="checkbox"/> refinance of \$ _____		Term	Rate	Selling Price \$	Cash Down Payment \$	Vessel Usage <input type="checkbox"/> Pleasure <input type="checkbox"/> Live Aboard	Engines <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Gas <input type="checkbox"/> Diesel
Seller's Name and Address				Phone	<input type="checkbox"/> Dealer <input type="checkbox"/> Broker <input type="checkbox"/> Individual		Horsepower:
<input type="checkbox"/> New <input type="checkbox"/> Used	Length	Manufacturer	Year	Model/Type	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass		Manufacturer:
Hull Identification Number (HIN)		Official Number (USCG)		State Registration Number	<input type="checkbox"/> Individual - I am applying for an individual account in my own name, and am relying on my own income and assets, and not the income or assets of another person, as the basis for repayment of the credit requested.		
Description of Trade-In				Trade-In \$	<input type="checkbox"/> Joint - We are applying for joint credit, and are relying on our joint income and assets as the basis for repayment for the credit requested.		Engines <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Gas <input type="checkbox"/> Diesel
Length	Manufacturer	Year	Model/Type	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass		Horsepower: Manufacturer:	

Section B-Please Tell Us About Yourself

Corp, LLC Name				TIN/EIN:			
First Name		Initial	Last Name		Date of Birth		Social Security Number
Home Address				City		State	Zip Code
Home Phone		Business Phone		Number Of Dependents	Place of Birth		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rent <input type="checkbox"/> Own/Buying	<input type="checkbox"/> Lives <input type="checkbox"/> W/Others	Mthly Rent/Mtg Pmt \$	Landlord/Mortgagor		Yrs/Mths There Yrs Mths	Year Purchased	Purchase Price \$
Previous Address (if less than two years at above)				City	State	Zip Code	Yrs/Mths There Yrs Mths
Name and Address of Employer *				Position/Occupation		Yrs/Mths There Yrs Mths	Gross Annual Salary \$
Name and Address of Previous Employer * (if less than two years at current employment)				Position/Occupation		Yrs/Mths There Yrs Mths	
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank		Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank	
Note: You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with this application for credit.					Source Of Other Income		Annual Amount \$
Name and Address of Closest Relative Not Living At Your Address					Relationship		Home Phone

***If you are self-employed, on commission, or a substantial portion of your income is from a source other than salary, please attach a copy of your last two years' federal tax returns.**

Section C-Please Tell Us About Your Co-Applicant (If you are applying for an individual account, go to Section D)

First Name		Initial	Last Name		Date of Birth		Social Security Number
Home Address				City		State	Zip Code
Home Phone		Business Phone		Number Of Dependents	Place of Birth		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Employer *				Position/Occupation		Yrs/Mths There Yrs Mths	Gross Annual Salary \$
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank		Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank	
Note: You do not have to include information about income from alimony, child support, or separate maintenance payments, unless you want us to consider this income in connection with this application for credit.					Source Of Other Income		Annual Amount \$

***If you are self-employed, on commission, or a substantial portion of your income is from a source other than salary, please attach a copy of your last two years' federal tax returns.**

Section D-Please Tell Us About Your Financial Obligations

List all your current obligations, including banks, finance co., dept. stores, credit cards, leases, unpaid taxes, alimony, and child support, etc.

A Personal Financial Statement is required on all Marine Loans of \$25,000 or more.

Creditor	Account Number	Current Outstanding Balance/ Date Paid Off	Monthly Payment (or other term)
Auto Make Year/Model Where Financed		\$	\$
		\$	\$
		\$	\$
		\$	\$

In compliance with recent federal legislation, we will be verifying pertinent information which will enable us to confirm your identity. A copy of your tax return, W2, or earnings statement must be submitted prior to your settlement date for income verification.

I/We authorize the Creditor 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 this application. I/We authorize and instruct any person, including but not limited to, all local, state, or federal governmental agencies, or consumer reporting agencies, to complete and furnish the Creditor any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application, shall remain the Creditor's property whether or not credit is extended. I/We authorize the Creditor to furnish credit information, including insurance information, to persons who may lawfully receive and use such information.

Referral: Unless I/we initial here, SunTrust Bank is hereby authorized to share this application and credit information with its affiliates or other lenders, which may consider my/our application for loan approval/purchase. This statement does not limit SunTrust's right to sell or assign any loans to a third party. Applicant/Co-Applicant initials _____

I/We certify that the information provided in this application is being given for the purpose of obtaining the credit described above and is true and correct as of this date.

Applicant's Signature	Date	Applicant's Signature	Date
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Please give this completed application to your SunTrust Bank Representative or mail to: SunTrust Bank, Attn: Marine Lending Department, CMD 7905, 147 Old Solomons Island Road, 5th Floor, Annapolis, MD 21401 Phone 1-(800) 797-BOAT, Fax 1-410-224-6081 630195 (HD 06/04)

Section E-Please Provide Your Personal Financial Statement as of (date) _____

Important: Check box "J" if assets or liabilities are owned jointly or owed jointly.

Assets	Amount	J
Cash on Hand, in Checking and in Savings (Sched 1)	\$	
Retirement Accts (IRA, SEP, 401K, etc.) (Schedule 1)	\$	
Accounts Receivable - Good	\$	
Notes Receivable - Good	\$	
Stocks, Bonds and Mutual Funds (Schedule 2)	\$	
Cash Value Life Insurance (Schedule 3)	\$	
Automobiles (Number Owned _____)	\$	
Real Estate (Schedule 4)	\$	
Interest in Business Owned	\$	
Boat Presently Owned	\$	
Deposit on Boat Being Purchased	\$	
Other Assets 1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
Total Assets	\$	

Liabilities	Amount	J
Notes Payable to Banks (Section D)	\$	
Notes Payable to Others	\$	
Loans Against Life Insurance	\$	
Accounts Payable 1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
Loans Payable on Automobiles	\$	
Loans Against Real Estate (Schedule 4)	\$	
Other Liabilities 1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
Total Liabilities	\$	
Net Worth (Total Assets minus Total Liabilities)	\$	

Please use the space below or a separate sheet if you need additional space.

Schedule 1 – Banks Where Accounts Are Maintained (Show joint accounts by checking Box "J")

Name of Depository	Name of Joint Owner	Balance on Deposit	J	Account Type	J	Account Number

Schedule 2 – Stocks, Bonds and Mutual Funds

Describe and show number of shares or face value	Title in Name of	Current Market Value	Pledged?

Schedule 3 – Life Insurance

Name of Insurance Company	Name of Insured	Face Amount	Cash Value

Schedule 4 – Real Estate

Description and Location	Title in Name of	Market Value	Amount Owed	Monthly Payment	Payable to Whom	Monthly Rental Income

Have either of you ever declared bankruptcy or had any judgments, repossessions or other legal proceedings filed against you? Yes No
 Have either of you obtained credit under any other name? Yes No If yes, what name? _____
 Are either of you obligated to make monthly alimony, child support or maintenance payments? Yes No If yes, show amount. _____
 Are you a co-maker, endorser, or guarantor on any loan? Yes No Are you liable on debts not shown such as leases or unpaid taxes? Yes No If yes to either of these questions, please provide details.

Please Use This Space For Any Additional Information: