

APPLICATION FOR CREDIT

Dealer: _____ Rate: _____% Term: _____ months

USA PATRIOT ACT 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 mean for you: When you open an account, We will ask for your name, address, date of birth and other information that will help identify you. We may also ask to see your driver's license or other identifying documents.

Amount Requested \$ _____ Fixture Purchased _____

PROPERTY INFORMATION

Work Site Address _____ City _____ State _____ Zip _____

DO YOU Rent Lease Own

Monthly Payment \$ _____ Date Purchased _____ Purchase Price \$ _____ Current Value \$ _____ Balance \$ _____

APPLICANT INFORMATION

Applicant Initials _____ U.S. CITIZEN Yes No MARITAL STATUS Married Unmarried Separated

Name _____ Social Security Number _____ Date of Birth _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____
IF LESS THAN 2 YEARS WITH PRESENT ADDRESS

Home Phone _____ Cell Phone _____ Email _____

Government issued ID# _____ State _____ ID Type _____ Issue Date _____ Exp Date _____

EMPLOYMENT INFORMATION

Employer _____ Position _____ City _____ State _____

Gross Monthly Income \$ _____ Employed Since (MM/YYYY) _____ Employer Phone Number _____

Previous Employer _____ From (MM/YYYY) _____ To (MM/YYYY) _____
IF LESS THAN 2 YEARS AT CURRENT EMPLOYER

Additional Income* \$ _____ Source of Income _____ From (MM/YYYY) _____

**Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis of paying this obligation.*

JOINT APPLICANT INFORMATION

Joint Initials _____ U.S. CITIZEN Yes No MARITAL STATUS Married Unmarried Separated

Name _____ Social Security Number _____ Date of Birth _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____
IF LESS THAN 2 YEARS WITH PRESENT ADDRESS

Home Phone _____ Cell Phone _____ Email _____

Government issued ID# _____ State _____ ID Type _____ Issue Date _____ Exp Date _____

JOINT APPLICANT EMPLOYMENT INFORMATION

Employer _____ Position _____ City _____ State _____

Gross Monthly Income \$ _____ Employed Since (MM/YYYY) _____ Employer Phone Number _____

Previous Employer _____ From (MM/YYYY) _____ To (MM/YYYY) _____
IF LESS THAN 2 YEARS AT CURRENT EMPLOYER

Additional Income* \$ _____ Source of Income _____ From (MM/YYYY) _____

APPLICANT(S) SIGNATURE REQUIRED BELOW

By completing and signing this application you are applying for credit to purchase goods and services. You affirm that all of the information furnished on the application is to the best of your knowledge, complete and accurate and agree Salal Credit Union may investigate now and in the future, any of the information from any source they choose including obtaining a credit bureau report. You agree that this information may be used by Salal Credit Union to determine whether you qualify for other credit offers. If your application is approved, Salal Credit Union may from time to time supply information about your loan to credit reporting agencies. You agree to give Salal Credit Union a security interest in the goods being purchased.

Applicant Signature _____ Joint Applicant Signature _____ Date _____