



# CREDIT APPLICATION

## South Central Missouri Credit Union

PO Box 417 Willow Springs, MO 65793

Date \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 Note No. \_\_\_\_\_

<input type="checkbox"/> Share Loan (Fill in (x) only) Acct Numbers: _____	<input type="checkbox"/> Signature Loan	<input type="checkbox"/> Collateral Loan (List Security on Back)	<input type="checkbox"/> Co-Maker Loan (Statements on Back)
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### APPLICANT'S STATEMENT

(x) I hereby apply for a loan for the following purpose(s): \_\_\_\_\_

(x) Amount Needed \$ \_\_\_\_\_ Present Balance \$ \_\_\_\_\_

(x) To be repaid in \_\_\_\_\_ payments of \$ \_\_\_\_\_ starting \_\_\_\_\_ Payroll Deduction  Yes  No

(x) Name \_\_\_\_\_ SSN \_\_\_\_\_

(x) Address \_\_\_\_\_ Diver's Lic. No. \_\_\_\_\_

(x) City, State, Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone Number \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Former address if less than 3 years at present \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Yrs. Of Service \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Net Salary \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly  Annually

Former employer if less than 4 years current service \_\_\_\_\_

Former employer's address \_\_\_\_\_

To report other income, see reverse side.

Home:  Rent  Own Years there \_\_\_\_\_ Present value \$ \_\_\_\_\_

Landlord's Name (if any) \_\_\_\_\_ Phone No. \_\_\_\_\_

Monthly pmt. Rent \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Pmts. up to date?  Yes  No

Mortgage Balance \$ \_\_\_\_\_ Financed by \_\_\_\_\_

Name of Relative not living with you \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship \_\_\_\_\_ address \_\_\_\_\_

Are you a co-maker on any loan?  Yes  No Date: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Names of persons co-signed for: \_\_\_\_\_

Have you been declared bankrupt in the last 10 years?  Yes  No Date: \_\_\_\_\_

Have you any legal proceedings pending against you?  Yes  No If yes, explain \_\_\_\_\_

Have you ever applied for credit under another name? If so, give name \_\_\_\_\_

Personal Reference (other than relative) \_\_\_\_\_ Phone No. \_\_\_\_\_

**FOR OFFICE USE ONLY**

D. Cash Advanced \$ \_\_\_\_\_

E. Unpaid balance refinanced \$ \_\_\_\_\_

F. Interest \$ \_\_\_\_\_

G. Amount financed \$ \_\_\_\_\_

H. Finance charge \$ \_\_\_\_\_

I. Total of payments \$ \_\_\_\_\_

J. Date of first payment \$ \_\_\_\_\_

K. Amount of each payment \$ \_\_\_\_\_

And One Final Payment \$ \_\_\_\_\_

L. Number of payments \$ \_\_\_\_\_

M. Frequency of payment \$ \_\_\_\_\_

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Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Date: \_\_\_\_\_

Cr. Mgr \_\_\_\_\_

Cr. Com \_\_\_\_\_

Cr. Com \_\_\_\_\_

Cr. Com \_\_\_\_\_

This portion must be completed. Attach additional listing if necessary.  
 List all of your debts here. Give details below. If none, list recent paid accounts.

CREDITOR	(S) or (J)	ADDRESS	ARTICLE OR CREDIT CARD NUMBER	ORIGINAL AMOUNT	BALANCE UNPAID	AMOUNT DUE MONTHLY

I owe all other creditors (exclusive of the debts listed above) a total of \$ \_\_\_\_\_

I am not indebted other than stated above. The statements herein are made for the purpose of obtaining the loan and are true to the best of my knowledge and belief. You are hereby authorized to make any credit investigation the credit committee deems necessary.

Witness \_\_\_\_\_ (x) Applicant's Signature \_\_\_\_\_

Witness \_\_\_\_\_ Joint Signature (If Applicable) \_\_\_\_\_

Witness \_\_\_\_\_ Co-Signer (If Applicable) \_\_\_\_\_

Disclose of the following sources of income is not required unless; you want the credit union to consider such income while reviewing this credit application.

Name of former spouse's current wife or husband \_\_\_\_\_

Alimony \$ \_\_\_\_\_ Person Liable \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Person Liable \_\_\_\_\_

Maintenance payments \$ \_\_\_\_\_ Person Liable \_\_\_\_\_

Other Income \$ \_\_\_\_\_ Source \_\_\_\_\_

**Optional  
Income  
And  
Source  
Of  
Income  
Information**

Complete this section if : you have disclosed alimony, child support or maintenance income; a spouse will use the account; a spouse will be contractually liable or community property or spousal income is used for repayment.

Name of additional applicant(s) \_\_\_\_\_ SSN- \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ Position \_\_\_\_\_

Weekly/ Monthly Salary \$ \_\_\_\_\_ Employer's phone number \_\_\_\_\_

**Optional Collateral Offered**

(Complete only if credit is to be secured)

Auto or Truck						
Year	Make	Model	Body Style	Serial Number	Mileage	New/ Used
			Color		No. Cylinders	
Equipment: <input type="checkbox"/> Auto Trans. <input type="checkbox"/> Air Cond. <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Power (Seat, Steering, Window) <input type="checkbox"/> Roof (Vinyl, Sun, "T" Moon)						
<input type="checkbox"/> 4wd <input type="checkbox"/> Leather Interior						
Additional Options:						
Name and Address of Insurance Carrier:				Insurance Paid up until?		
Phone Number:						

Motorcycle/ ATV	Year	Make	Model	Serial Number	No. Cyl.	
Boat	Year	Make	Model	Serial Number	H.P.	
Motor						
Trailer						

Recreation Vehicle	Year	Make	Model	Serial Number	Size	

Mobile Home	Year	Make	Model	Serial Number	No. Rooms	Size

Farm Equipment	Year	Make	Model	Serial Number	H.P.	Hours
	Gas	Diesel				

Are you the sole owner of security offered?  Yes  No If No, list other owners who will be required to sign: \_\_\_\_\_

**GUARANTOR'S STATEMENT**

I, the undersigned, have read the applicant's completed application, believe him to be worthy of a loan and agreeable to become a guarantor on this note, with complete understanding that I may be solely liable for the full unpaid balance in case of default by maker or co-maker. You are hereby authorized to make any credit investigation the credit committee deems necessary.

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

S.S. No. \_\_\_\_\_ No. Dependents \_\_\_\_\_

Employer \_\_\_\_\_ How Long \_\_\_\_\_

Position \_\_\_\_\_ Salary \$ \_\_\_\_\_ Wk Mo Yr \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

CU Member  Yes  No Account Number \_\_\_\_\_

Signature \_\_\_\_\_

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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

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