

FIRESTONE FEDERAL CREDIT UNION - PERSONAL AND CREDIT INFORMATION

APPLICATION MUST BE COMPLETED IN FULL & SIGNED IN INK (PRINT OR TYPE) APPLICATION IS VOID AFTER 60 DAYS

ACCOUNT NO. _____

FIRST NAME	MI	LAST NAME		
RESIDENCE ADDRESS				
CITY		STATE	ZIP CODE	COUNTY
TELEPHONE NUMBER	# OF YEARS THERE		<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> BOARD	
()				
CELL PHONE NUMBER	E-MAIL ADDRESS			
()				
SOCIAL SECURITY NUMBER	BIRTHDATE	# OF DEPENDENTS		
PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 2 YEARS)				
CITY		STATE	ZIP CODE	COUNTY
CURRENT EMPLOYER (SELF-EMPLOYED MUST DOCUMENT INCOME)				
COMPLETE BUSINESS ADDRESS				
TELEPHONE NUMBER	DATE EMPLOYED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
()				
POSITION/JOB TITLE	MONTHLY GROSS INCOME			
	\$			
PREVIOUS EMPLOYER	# OF YEARS THERE			
ADDRESS	PREV. MONTHLY INCOME			
	\$			
OTHER INCOME (EXCLUDE ALIMONY, CHILD SUPPORT AND MAINTENANCE)				
\$	SOURCE			

HAVE YOU FILED BANKRUPTCY?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	YEAR
IS LITIGATION PENDING AGAINST YOU?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	YEAR
HOMEOWNER	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
PURCHASE PRICE	YEAR	BALANCE OWED	EST VALUE
Vehicle #1	MAKE	MODEL	
YEAR			
Vehicle #2	MAKE	MODEL	
YEAR			
Vehicle #3	MAKE	MODEL	
YEAR			
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU (REQUIRED)			
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER		RELATIONSHIP	
()			
NAME OF OTHER REFERENCE (REQUIRED)			
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER		RELATIONSHIP	
()			
YOU ARE NOT REQUIRED TO DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE. HOWEVER, IF YOU WOULD LIKE SUCH INCOME TO BE CONSIDERED IN CONNECTION WITH THIS APPLICATION, PLEASE COMPLETE THE FOLLOWING:			
\$	SOURCE		
SAVINGS ACCOUNTS			
WHERE	BALANCE \$		
WHERE	BALANCE \$		

STATEMENT OF INDEBTEDNESS (BILLS) ON ALL ACCOUNTS, INCLUDING CO-MAKER DEBT. ATTACH LISTING FOR ANY ADDITIONAL BILLS. INCOMPLETE LISTING MAY DELAY PROCESSING. THIS SECTION MUST BE COMPLETED.

DEBT	OWED TO	RATE	CURRENT BALANCE	MONTHLY PMT	AMOUNT PAST DUE
MORTGAGE/RENT					
2ND MORTGAGE/HOME EQUITY					
AUTO LOAN					
AUTO LOAN					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
STUDENT LOAN					
ALIMONY/CHILD SUPPORT					
OTHER (PLEASE IDENTIFY)					
TOTAL INDEBTEDNESS					

Note: If you have pledged your automobile as security, it must be protected by comprehensive, fire & theft and collision insurance for the duration of the loan. IT IS YOUR RESPONSIBILITY TO SECURE AND MAINTAIN the proper insurance coverage. Instruct your insurance company to send a loss payable clause in favor of Firestone Federal Credit Union.

I hereby state that the above information is true and correct to the best of my knowledge. This information is presented for the purpose of obtaining credit from the Firestone Federal Credit Union. I HAVE NO OTHER DEBTS. I hereby authorize the Firestone Federal Credit Union to make inquiries pertaining to my employment, credit standing and financial responsibility.

X _____ DATE Rev. 2/2009

SIGNATURE

FIRESTONE FEDERAL CREDIT UNION
COVER SHEET INFORMATION
PLEASE COMPLETE BOTH THE COVER SHEET AND THE LOAN APPLICATION

1. Credit Union Account Number _____
2. Purpose of loan (or advance) _____
3. Amount of money needed \$ _____ Term of Loan (in months) _____
4. Will this loan be payroll deducted? YES/NO (Circle One)
5. If self employed you must document income with your last 2 years tax returns.

6. **WE WILL NEED A CLEAR TITLE TO THE COLLATERAL YOU OFFER**

Year _____ Make _____ Model _____

7. Name of dealer or private owner _____

Is car being ordered? _____ On the lot? _____
(Return a copy of the purchase order if vehicle bought from a dealer)

8. In whose name will the vehicle be titled? _____
(this person signs the security agreement)

**IF YOU ARE OFFERING COLLATERAL YOU ARE REQUIRED TO CARRY FULL INSURANCE COVERAGE.
YOU WILL NEED TO PROVIDE THE FOLLOWING INFORMATION:**

9. Insurance Company _____ Agent Name _____

Phone No. _____

PLEASE NOTE: For non-BFS employees – Would you like to have an electronic funds transfer from your pay?
If yes, ask your employer about ACH transfers and provide them with our ACH routing number: **2412-7324-3**

CALL US FOR LOAN APPROVAL
1-800-648-3328