

Year:

Make:

Model:

Term:

Requested:

Payment Date: Payment Amount: 212 5th Ave, PO Box 248, Edgeley, ND 58433 120 1st St N, PO Box 129, Ellendale, ND 58436 204 3rd Ave, PO Box 74, Enderlin, ND 58027 (701) 493-2334 (701) 349-3842 (701) 437-2324

Consumer Loan Application Individual Credit Joint Credit **Amount Requested** Loan Purpose Name: Social Security #: Home Phone #: Address: City, State, Zip Length of Residence: Date of Birth: Number of Dependents: Monthly Rent/Mortgage Payment: \$ Net Monthly Income: Employer: Length of Employment: Email Address: Other Income: **Joint Applicant Information** Name: Social Security #: Address: Home Phone #: City, State, Zip Length of Residence: Date of Birth: Number of Dependents: \$ Monthly Rent/Mortgage Payment: Net Monthly Income: Length of Employment: Employer: Email Address: Other Income: **Reference Information** Name: Relationship: Address: Primary Phone #: City, State, Zip: **Collateral**

Signature: I certify that everything I have stated in this application is correct. By signing below, I authorize you to check my credit and employment history. This authorization will continue until cancelled in writing. If approved and a VISA card(s) is issued, you understand that the use of your card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement.

VIN:

Mileage:

Color:

| Applicant's Signature | Date | Joint Applicant's Signature | Date |
|-----------------------|------|-----------------------------|------|