



LOAN APPLICATION

ACCOUNT NO: _____

2410 Gaynor Avenue, NW
P.O. Box 141607
Grand Rapids, Michigan 49514-1607
Phone: (616) 784-4822

Loan Toll-Free Number
1-800-962-6378
Nationwide

Fax (616) 784-3442
Website: www.meijercreditunion.com

DATE: _____

CLOCK NO: _____

PLEASE PRINT OR TYPE.

- To be eligible to borrow you must:
1. Be a member of the Credit Union
 2. Have credit established or a co-maker may be required.

This information should not be given unless you offered security for this loan.

AUTO-MAKE: _____

SERIAL NO: _____

YEAR: _____ TOTAL COST: _____

DEALER: _____ PRIVATE PARTY: _____

SALESMAN: _____ PHONE: _____

I hereby apply for a loan as follows:

AMOUNT REQUESTED: \$ _____

PURPOSE OF LOAN: _____

DO YOU WANT CREDIT LIFE INSURANCE ON YOUR LOAN? YES NO

DO YOU WANT CREDIT DISABILITY INSURANCE ON YOUR LOAN? YES NO

PERSONAL AND CREDIT INFORMATION

APPLICANT-MEMBER NAME (FIRST-MIDDLE INITIAL-LAST)				CO-APPLICANT/SPOUSE NAME (FIRST-MIDDLE INITIAL-LAST)			
HOME ADDRESS (STREET & NO.)			HOW LONG?	HOME ADDRESS (STREET & NO.)			HOW LONG?
CITY - STATE - ZIP		COUNTY		CITY - STATE - ZIP		COUNTY	
PREVIOUS HOME ADDRESS (STREET & NO.) - CITY - STATE - ZIP			HOW LONG?	PREVIOUS HOME ADDRESS (STREET & NO.) - CITY - STATE - ZIP			HOW LONG?
HOME PHONE NO. ()	BIRTH DATE	<input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <small>This information need not be given unless you offered security for this loan.</small>		HOME PHONE NO. ()	BIRTH DATE	<input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <small>This information need not be given unless you offered security for this loan.</small>	
SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	NO. OF DEPENDENTS (excluding self)		SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	NO. OF DEPENDENTS (excluding self)	
BUSINESS PHONE NO. ()	DATE EMPLOYED	HOURLY RATE \$	HOURS PER WEEK	BUSINESS PHONE NO. ()	DATE EMPLOYED	HOURLY RATE \$	HOURS PER WEEK
PRESENT EMPLOYER		POSITION		PRESENT EMPLOYER		POSITION	
BUSINESS ADDRESS - CITY - STATE - ZIP			STORE NO.	BUSINESS ADDRESS - CITY - STATE - ZIP			STORE NO.
PREVIOUS EMPLOYER		POSITION		PREVIOUS EMPLOYER		POSITION	
BUSINESS ADDRESS - CITY - STATE - ZIP			HOW LONG?	BUSINESS ADDRESS - CITY - STATE - ZIP			HOW LONG?
You are not to disclose income from alimony, child support or maintenance, but if you want it considered in connection with this application, complete the following.				You are not to disclose income from alimony, child support or maintenance, but if you want it considered in connection with this application, complete the following.			
\$	PAYOR	<input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE		\$	PAYOR	<input type="checkbox"/> ALIMONY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> MAINTENANCE	
HOW LONG HAVE PAYMENTS BEEN MADE?		ARE PAYMENTS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW LONG HAVE PAYMENTS BEEN MADE?		ARE PAYMENTS UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER INCOME \$	SOURCE			OTHER INCOME \$	SOURCE		

STATEMENT OF TOTAL INDEBTEDNESS AND LIABILITIES (This section must be answered for applicant and co-applicant/spouse. Attach additional listing if necessary).

OWED TO	ADDRESS	SECURITY	BALANCE	PAYMENT	
MORTGAGE OR RENT			\$	\$	
AUTO LOAN			\$	\$	
CREDIT UNION			\$	\$	
OTHER (CREDIT CARDS OR LOANS)			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
CHILD SUPPORT, ALIMONY OR MAINTENANCE			\$	\$	
LIST ALL OTHER DEBTS ON BACK OF APPLICATION		MAKE OF AUTO 1	YEAR	MAKE OF AUTO 2	YEAR
HOME <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> BUYING	YEARS THERE	ESTIMATED MARKET VALUE \$	ARE YOU A CO-MAKER ON ANY OTHER LOANS? <input type="checkbox"/> YES <input type="checkbox"/> NO FOR WHOM? _____		
HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU ANY LEGAL PROCEEDINGS PENDING AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU (NOT SPOUSE)		COMPLETE ADDRESS		PHONE NUMBER	RELATIONSHIP
OTHER REFERENCE		COMPLETE ADDRESS		PHONE NUMBER	

I (we) present this information truly and correctly stated to the best of my (our) knowledge and for the purpose of obtaining credit from the Credit Union. I (we) have no other debts. I (we) agree that the Credit Union is authorized to make inquiries pertaining to my (our) employment, credit standing and financial responsibility.

X
APPLICANT - MEMBER'S SIGNATURE DATE

X
CO-APPLICANT/SPOUSE'S SIGNATURE DATE

X
CO-MAKER OR GUARANTOR'S SIGNATURE DATE

FOR CREDIT UNION USE ONLY

	APP	CO-APP	ACCOUNT BALANCES		PAY AMT
YEARS EMPLOYED	_____	_____	SHARES _____	LOANS _____	_____
CREDIT	_____	_____	DRAFT _____	_____	_____
DEBT RATIO	_____	_____	OTHER _____	_____	_____
			_____	_____	_____

RATE _____ MONTHS _____ NEW MONEY REQUESTED \$ _____
 SECURITY _____ OLD BALANCE _____
 CO-SIGNER: _____ TOTAL LOAN \$ _____
 OTHER: _____

APPROVED REJECTED LOAN OFFICER X _____ DATE OF ACTION _____
 CREDIT COMMITTEE X _____ X _____ X _____

PICK UP: DATE _____ TIME _____ SEND US MAIL STORE MAIL # _____
 MAKE CHECK PAYABLE TO: MEMBER DEALER OTHER _____
 INSURANCE: LIFE JOINT LIFE DISABILITY
 PAYMENT METHOD: CASH TRANSFER
 PRD: OK MEMBER TO SIGN MEMBER TO ARRANGE REQUESTED PAYMENT \$ _____
 NADA AVERAGE RETAIL \$ _____ VEHICLE NO. VERIFIED WITH DEALER OTHER _____ BY _____
 FILED WITH REGISTER OF DEEDS BY _____ LIEN PLACED BY SVC STR STAFF BY _____ DATE _____
 ENTERED IN COMPUTER SYSTEM BY _____ DISBURSED BY _____
 SPECIAL INSTRUCTIONS/COMMENTS (Attach additional sheet if necessary.)

