

APPLICATION FOR CREDIT

**Allied Plastics Federal
Credit Union
P. O. Box 53006
Baton Rouge, LA 70892-3006
Phone: (225) 775-1082
Fax: (225) 775-1151**

For Credit Union Use Only:

Date: _____

Loan Officer: _____

Comments: _____

APPLICATION MUST BE COMPLETED AND SIGNED; INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED. CURRENT PAY STUB MUST BE PROVIDED WITH THIS APPLICATION.

Account Number: _____

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Work Phone: _____

Cell Phone: _____ Pager: _____ Other #: _____

Driver's License: _____ Social Security #: _____

Spouse Name: _____ Date of Birth: _____

Spouse License: _____ Social Security #: _____

Marital Status (Circle One): Unmarried, Married, Separated Number of Dependents (not counting yourself): _____

IF HEREBY APPLY FOR A LOAN OF \$ _____ FOR A PERIOD OF _____ MONTHS/YEARS

THE LOAN IS FOR THE FOLLOWING PURPOSE: _____

EMPLOYMENT:

Employer's Name: _____ How long employed: _____

Monthly Salary: _____ / _____ Position/Title: _____
(Gross) (Take Home)

OTHER INCOME (if any):

Source: _____ Amount: _____

SPOUSE INFORMATION:

Spouse Employer: _____ How long employed: _____

Monthly Salary: _____ / _____ Work Phone: _____

- Alimony, child support, or separated maintenance income does not have to be revealed if you do not wish to have it considered as a basis for repaying this loan.

PREVIOUS EMPLOYMENT (IF EMPLOYED BY YOUR PRESENT EMPLOYER FOR LESS THAN 2 (TWO) YEARS, PLEASE COMPLETE):

Previous Employer's Name: _____ How long there _____

REFERENCES:

Relative's Name: _____ Address: _____ Phone: _____

Friend's Name: _____ Address: _____ Phone: _____

PERSONAL FINANCIAL INFORMATION (List Checking and/or Savings Accounts at other institutions):

Where: _____ Type of Account: _____ Balance: _____

Where: _____ Type of Account: _____ Balance: _____

OUTSTANDING DEBTS (Please list everything you owe)

	Creditor	Present Balance	Monthly Payment	Past Due Yes/No
Rent/House Note				
Auto Loan				
Other Debt				
Other Debt				
Other Debt				
Other Debt				
Other Debt				
Other Debt				
Other Debt				
Other Debt				
Other Debt				
Other Debt				
Other Debt				
Other Debt				

Are you a cosigner or co-maker on any loans other than your own? _____ Yes _____ No If yes, who are you cosigned for? (Name) _____ List and indicate all those debts above.
 Have you declared bankruptcy in the last 14 years? _____ Yes _____ No If yes, when? _____
 Do you own an automobile, if so what Year _____ Make _____ Model _____
 Year _____ Make _____ Model _____

Everything that I have stated in this application is true and correct to the best of my knowledge. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Signature: _____ **Date:** _____