

TO BE COMPLETED BY TREAS.
 SHARE BALANCE _____
 LOAN BALANCE _____
 LOAN STATUS _____

COLFAX
 Credit Union
AUTO APPLICATION FOR LOAN

Account No. _____
 Note No. _____
 Soc. Sec. No. _____

I, _____ (print name), hereby apply for a loan of \$ _____ for a period of _____ weeks months.

to be repaid in _____ } Installments of \$ _____ and the interest of the payment
 weekly
 bi-weekly
 semi-weekly
 monthly } each including interest;
 each plus interest;

I desire this loan for the following purpose (explain fully): YEAR MAKE
MODEL VIN#

Co-makers or security offered (if any) _____

I hereby certify that all statements made, including those on the reverse side hereof, are true and complete and submitted for the purpose of obtaining credit. I have no other debts. The credit union is authorized to check my credit and employment history and to answer questions about its credit experience with me.

Date _____ Signature of Applicant _____ Address _____
 City _____ State _____ Zip _____

Information below, including appropriate signature (s), is to be filled in by *either* the credit committee or loan officer, depending upon who acts upon this application.

On _____, 20____, (I) (We) approved a loan in the amount and on the conditions requested by the above applicant, except as follows (list any changes in amount, terms, or conditions): _____

Approved by CREDIT COMMITTEE: _____ _____ _____ _____ _____ _____	Approved by LOAN OFFICER: _____ _____ _____
(All committee members shown as present in the minutes of the meeting at which this application was approved must sign above.)	
Level Payment DEALERS NAME _____	

APPLICANT'S STATEMENT

I AM INDEBTED TO THE FOLLOWING CREDITORS (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC. ATTACH ADDITIONAL SHEET IF NECESSARY):

CREDITOR	ADDRESS	MO. PAYMENT	AMT. OWING
Home _____		\$ _____	\$ _____
Auto _____		\$ _____	\$ _____
Other _____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____

Employed by _____ Address _____

Years Employed _____ Position _____

Clock or Payroll No. _____ Salary _____ Bus. Phone _____
 \$ _____ per _____

Date of Birth _____ Number of dependents _____ Home Phone _____
 (exclude self)

Auto(s) Owned _____ Make _____ Year _____ Model _____

Market Value _____ Monthly Rental _____

Own Residence - \$ _____ Rent Residence - \$ _____

References _____

Other Pertinent Information _____

Other income: Alimony, Child Support or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Temporary Disability Ins. Yes No
 Payroll Deduction Yes No
 Loan Protection Ins. Yes No
 GAP INSURANCE YES NO

CO-MAKER'S STATEMENT

NAME OF CO-MAKER _____ ADDRESS _____

I AM INDEBTED TO THE FOLLOWING CREDITORS (LIST ALL DEBTS SUCH AS DOCTOR BILLS, INSTALLMENTS, LOANS, REAL ESTATE MORTGAGES, ETC. ATTACH ADDITIONAL SHEET IF NECESSARY):

CREDITOR	ADDRESS	MO. PAYMENT	AMT. OWING
Home _____		\$ _____	\$ _____
Auto _____		\$ _____	\$ _____
Other _____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____

Employed by _____ Address _____

Years Employed _____ Position _____

Clock or Payroll No. _____ Salary _____ Bus. Phone _____
 \$ _____ per _____

Date of Birth _____ Number of dependents _____ Home Phone _____
 (exclude self)

Auto(s) Owned _____ Make _____ Year _____ Model _____

Market Value _____ Monthly Rental _____

Own Residence - \$ _____ Rent Residence - \$ _____

References _____

I certify that the above statements are true and complete

(DATE) _____ (SIGNATURE OF CO-MAKER) _____

* FAX# 724-274-6681
 * PLEASE INCLUDE BUYERS ORDER
 * Proof of wage must accompany
Loan Application.