

MASTER CREDIT APPLICATION

Account No. _____



SGV
POSTAL CREDIT UNION
 328 E. San Bernardino Rd.
 P.O. Box 4337 • Covina, CA 91723 • (626) 915-3841

I REQUEST THE FOLLOWING LOAN(S):

- | | |
|--|--|
| <input type="checkbox"/> VEHICLE, NEW | <input type="checkbox"/> BOATS, NEW |
| <input type="checkbox"/> VEHICLE, USED | <input type="checkbox"/> 1ST EQUITY |
| <input type="checkbox"/> SIGNATURE | <input type="checkbox"/> 2ND T.D. |
| <input type="checkbox"/> R.V., NEW | <input type="checkbox"/> NEW MOBILE HOME |

- | |
|---|
| <input type="checkbox"/> USED MOBILE HOME |
| <input type="checkbox"/> CO-MAKER |
| <input type="checkbox"/> OTHER _____ |

PAYMENT METHOD:

- | | | | | |
|---|---------------------------------------|---------------------|----------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> PAYROLL DEDUCTION | <input type="checkbox"/> CASH PAYMENT | AUTO TRANSFER FROM: | <input type="checkbox"/> SAVINGS | <input type="checkbox"/> CHECKING |
|---|---------------------------------------|---------------------|----------------------------------|-----------------------------------|

I AM APPLYING FOR \$ _____

PURPOSE AND COLLATERAL _____

CHECK THE BOX INDICATING THE TYPE OF CREDIT APPLIED FOR:

NOTICE: MARRIED APPLICANTS MAY APPLY FOR AN INDIVIDUAL ACCOUNT

- | | | |
|---|--|--|
| <input type="checkbox"/> INDIVIDUAL ACCOUNT | <input type="checkbox"/> JOINT ACCOUNT WITH SPOUSE | <input type="checkbox"/> JOINT ACCOUNT WITH SOMEONE OTHER THAN SPOUSE (CO-APPLICANT) |
|---|--|--|

A. APPLICANT

MARITAL STATUS: CHECK ONE if residing in or are relying on property in a community property state or if applying for secured credit or a joint account.

- | | | |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> MARRIED | <input type="checkbox"/> SEPARATED | <input type="checkbox"/> UNMARRIED |
|----------------------------------|------------------------------------|------------------------------------|

B. SPOUSE

Complete this section if (1) this is to be a joint account with spouse, (2) spouse will use this account, (3) you live in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington and Wisconsin) or (4) you are relying on spouse's income in applying for this account.

A. APPLICANT

LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH			SOCIAL SECURITY NUMBER		
CURRENT STREET ADDRESS		APT. NO.	YRS. : MOS.	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>
CITY		STATE	ZIP		
HOME PHONE		DRIVER'S LICENSE NO.		STATE	
AGES OF DEPENDENTS					
FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 5 YRS)			YRS. : MOS.	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>
CITY		STATE	ZIP		

B. SPOUSE

LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH			SOCIAL SECURITY NUMBER		
CURRENT STREET ADDRESS		APT. NO.	YRS. : MOS.	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>
CITY		STATE	ZIP		
HOME PHONE		DRIVER'S LICENSE NO.		STATE	
AGES OF DEPENDENTS					
FORMER STREET ADDRESS (IF CURRENT ADDRESS LESS THAN 5 YRS)			YRS. : MOS.	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>
CITY		STATE	ZIP		

A. EMPLOYMENT

OCCUPATION. ORIGINAL COPY OF CURRENT CHECK STUB IS REQUIRED, IF SELF-EMPLOYED OR RETIRED, ATTACH LAST 2 YEARS INCOME TAX RETURN.

PRESENT EMPLOYER		PHONE NO.	
ADDRESS (STREET, CITY, STATE, ZIP)		()	
POSITION/TYPE OF WORK	SHIFT	SUPERVISOR'S NAME	
GROSS SALARY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY	DATE EMPLOYED	
\$	<input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY		
PREVIOUS EMPLOYER		HOW LONG	
ADDRESS (STREET, CITY, STATE, ZIP)		POSITION HELD	

B. SPOUSE EMPLOYMENT

PRESENT EMPLOYER		PHONE NO.	
ADDRESS (STREET, CITY, STATE, ZIP)		()	
POSITION/TYPE OF WORK	SHIFT	SUPERVISOR'S NAME	
GROSS SALARY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY	DATE EMPLOYED	
\$	<input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY		
PREVIOUS EMPLOYER		HOW LONG	
ADDRESS (STREET, CITY, STATE, ZIP)		POSITION HELD	

A. OTHER INCOME

YOU NEED NOT LIST INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE UNLESS YOU WISH IT CONSIDERED FOR PURPOSES OF GRANTING THIS CREDIT.

TYPE OF OTHER INCOME	IS THIS INCOME PER COURT ORDER?	MONTHLY AMOUNT
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
NAME AND ADDRESS OF PAYER		EXPECTED DURATION

B. SPOUSE OTHER INCOME

TYPE OF OTHER INCOME	IS THIS INCOME PER COURT ORDER?	MONTHLY AMOUNT
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
NAME AND ADDRESS OF PAYER		EXPECTED DURATION

A. REFERENCES (NOT LIVING WITH YOU)

NEAREST RELATIVE NAME / RELATIONSHIP	(STREET, CITY, STATE, ZIP)	PHONE NUMBER
		()
RELATIVE NAME / RELATIONSHIP	(STREET, CITY, STATE, ZIP)	PHONE NUMBER
		()
PERSONAL REFERENCE NAME	(STREET, CITY, STATE, ZIP)	PHONE NUMBER
		()

CONTINUED ON REVERSE SIDE

