PACE RESOURCES FEDERAL CREDIT UNION

HOLIDAY LOAN SPECIAL

| | | X 7 C 11 | | | | |
|-----------------------------|---|---------------------------|---|--------------------------------------|-------------------------|-----------------|
| l, hereby apply f | for a loan of \$ | Your full name Street | e | | City | |
| | | State | Zip | Home Phone (|) | |
| M | /RAPUP | Birth Date How long at p | Driver | rs License Number Social Security | Number | |
| | _ | | ses for past five year | | | |
| | LSEASON! | | | | | |
| A | A | | | | | |
| + | + | Employer | | | City | |
| | + | State | Zip | Business Phone | City | |
| | | Position | | Supervisor | | |
| | | List all employ | n present employer yers for past five ye | ears: | | |
| | | | , | | | |
| | | | | | | _ |
| | | | Earnings \$ | | | |
| No. | | - | Bi-Weekly | | Semi-N | Ionthly |
| | | | to be considered for | | \$ | |
| | | Weekly | Bi-Weekly | Monthly | ^{ـu} Semi-M | Ionthly |
| | | Auto Owned (| make & year) | | | |
| | | | l a Petition for Ban | | 10 vegre? | |
| A | | | O If yes, when | | | |
| + | + | Have you any | Judgments, Garnis | hments or Legal p | roceedings a | gainst you? |
| | ¥ | YES N | O If yes, when | omv. oth 1 · · · · 0 | VEC | NO |
| | | If YES, Where | Maker/CoSigner on | any other loan? | ı eə | |
| Unsecured Loa □ E. Signatu | | | | | | |
| _ E. Digitatu | ···· | OUTSTAND | INC DEPTS | | | |
| | | WILL BE USED TO | VERIFY INFORMA | | | |
| Master /D | Name of Financial Institution/Lan | dlord/Rental Agency | y/Mortgage Company | Mont | hly Payment | Present Balance |
| Mortgage/Rent | | | | | | |
| Auto Loan Credit Union | | | | | | |
| | | | | | | |
| Credit Card | | | | | | |
| Credit Card | | | | | | |
| Credit Card Credit Card | | | | | | |
| Other | | | | | | |
| Other | | | | | | |
| TOTALS | | | | | | |
| TOTALS | ATT | ACH ANOTHER SHE | ET IF NEEDED | I | | |
| | IVE INCIDANCE ON THE CAN | | DEDCOMAL DE | | | |
| WOULD YOU L | IKE INSURANCE ON THIS LOAN | | | ot living with you | | |
| Life Insurance | YES NO | | Address | | | |
| Disability Insurance YES NO | | | Name & Phone_ | | | |
| , | - | | Address | | | |
| | I statements made are TRUE and COMPLETE are | | | | | |
| oi my knowledge. You | u are authorized to check my credit and employm | ient history and to answ | er questions about your cr | euit experience with me. | i nave NO other | uedis. |
| Signature | | | Date | Member | Number | |