

*Please Complete All Fields

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BOONVILLE, IN 47601 PHONE: (812) 315-0552

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General Credit Application

This information will be treated in a confidential manner

Member Submitting Credit Application

Credit Requested \$

	INFORMATION ABO	OUT YOUR	SELF (Ap	pplicant)	
NAME (LAST, FIRST, MIDDLE) - PLEASE PRINT		DATE OF BIRTH			SOCIAL SECURITY NUMBE
PRESENT ADDRESS	CITY	STATE	ZIP	HOW LONG	PHONE NUMBER
EMAIL	EMPLOYER			HOW LONG	OCCUPATION
NEAREST RELATIVE NOT LIVING WITH YOU/RELATIONSHIP			ADDRESS/STATE		PHONE NUMBER
**WOULD YOU LIKE TO RECEIVE YOUR BILLING STATEMEN			/IA EMAIL? YES		NO
INF	ORMATION ABOUT YOUR S	SPOUSE/CO)-APPLIC	CANT (If Applicab	le)
NAME (LAST, FIRST, MIDDLE) - PLEASE PRINT		[DATE OF BIRTH		SOCIAL SECURITY NUMBE
EMPLOYER		ŀ	HOW LONG		OCCUPATION
The applicant has delivered the have stated in this application herein has been carefully read report to proper persons and experience with me. I/We agree to pay the balance accordance to all terms and constatements sent to me setting. A Finance Charge may be imposed before the due date. If a Finance statement, at a periodic rate of	is correct to the best of my and is true, correct and corbureaus my performance of due and, in addition, all apponditions in which I/We are forth the outstanding obligosed if the unpaid balance since Charge is added it is company to the correct and correct to the correct to t	knowledge mplete. you this agree plicable FIN notified fro ations I/We hown on the	e. The apuration and an an and an an and an an and an	oplicant certifies to thorized to invest and to answer ques CHARGES which I/V to time including to you. Int statement as the age Daily Balance	hat the information inserted igate my credit record and tions about your credit We hereby agree to pay in , but not limited to, periodic
APPLICANT'S SIGNATURE	DATE	_	`Ω-Δ D DI	ICANT'S SIGNATU	RF DAT

^{***}The information provided on this application will not be sold or distributed to any third party companies.