

# Don't let a lack of cash stop the fixing of your crash!

Print and Complete the low interest Consumer Loan Application and return to any of our four Collision Plus locations for quick processing.



## Consumer Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Applicant" or "Co-Applicant," as applicable. Co-Applicant information must also be provided (and the appropriate box checked) when  the income or assets of a person other than the Applicant (including the Applicant's spouse) will be used as a basis for loan qualifications or  the income or assets of the Applicant's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Applicant resides in a community property state, the security property is located in a community property state, or the Applicant is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Signature of Applicant \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_

DATE	AMOUNT REQUESTED \$	NUMBER OF MONTHS	PURPOSE	COLLATERAL
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Applicant		MARITAL STATUS		<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED (Including Single, Divorced and Widowed)	
LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE	YEARS THERE	AGES OF DEPENDENTS
PRESENT EMPLOYER (Name of Business)			YEARS THERE	POSITION (or Title)			
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	BUSINESS PHONE	SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
<b>Income from alimony, child support or separate maintenance need not be revealed if you do not choose to rely upon it as a basis for repaying this obligation</b>							
OTHER INCOME SOURCE			MONTHLY AMOUNT \$	DO YOU MAKE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTHLY AMOUNT \$			

Co-Applicant		MARITAL STATUS		<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED (Including Single, Divorced and Widowed)	
LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE	HOME PHONE	YEARS THERE	AGES OF DEPENDENTS
PRESENT EMPLOYER (Name of Business)			YEARS THERE	POSITION (or Title)			
BUSINESS ADDRESS		CITY	STATE	ZIP CODE	BUSINESS PHONE	SALARY \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY
<b>Income from alimony, child support or separate maintenance need not be revealed if you do not choose to rely upon it as a basis for repaying this obligation</b>							
OTHER INCOME SOURCE			MONTHLY AMOUNT \$	DO YOU MAKE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO MONTHLY AMOUNT \$			

HAVE YOU EVER GONE THROUGH BANKRUPTCY OR CHAPTER 13?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHEN?
DO YOU HAVE ANY UNSATISFIED JUDGEMENTS AGAINST YOU?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, EXPLAIN
ARE YOU A CO-SIGNER, ENDORSER OR GUARANTOR FOR OTHERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, EXPLAIN

NOTICE: 18 United State code 1014 prescribes criminal penalties for false statements in loan application to federally insured banks. I/we hereby certify that the foregoing statements are true and complete and are made for the purpose of determining my/our eligibility for credit. I/we agree that this statement shall remain your property whether or not the application is accepted. You are authorized to make inquiries you deem necessary to verify the accuracy of the statements made herein and to determine my/our credit worthiness including but not limited to procuring consumer reports from consumer reporting agencies and credit information from banks and other financial institutions and extenders of credit, reference, present and former employers, merchants, landlords and creditors. Each applicant consents that, upon denial of this application based upon a consumer report or information received from a person other than a consumer reporting agency on any application you may disclose the information to all applicants in any notification or report required by federal laws.

SIGNATURE OF APPLICANT	DATE
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SIGNATURE OF CO-APPLICANT	DATE
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Member FDIC

4/08

**FOR BANK USE ONLY:** Verbal authorization to obtain credit report(s) This application was taken:

Yes  No

Initials \_\_\_\_\_

Date \_\_\_\_\_

Face-to-face interview

Mail

Telephone

Internet