



INDEPENDENCE BANK

BRANCHES IN HAVRE - GLASGOW - MALTA - POPLAR - SCOBIEY

Consumer Loan Application

Applying for Credit as: Individual Joint Guarantor Co-Signer

Please indicate by your initials if you intend to apply jointly. _____

AMOUNT REQUESTED _____ PURPOSE _____

COLLATERAL OFFERED _____ HOW TITLED? _____

After completion, please sign in the designated signature area on pages 1 of this Consumer Loan Application & initial above if joint credit.

PRIMARY APPLICANT DATA		DO YOU EXPECT ANY DISRUPTIONS OR DECREASES IN INCOME DURING THE TERM OF THIS LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
First Name		Last Name	
Mailing Address		Middle Initial	
Physical Address		City	
Home Telephone #		State	
Social Security #		ZIP	
Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Drivers License State of Issuance & Number	
Employer Name		Employer Address	
Business Telephone #		Position or Job Title	
Salary Per Month		Date Started	
Gross		Net	
Sources of Other Income		Amount Per Month	
		Gross	
		Net	
(Income from alimony, child support and maintenance payments need not be revealed unless you wish income to support a request for credit).			
Checking Account <input type="checkbox"/> With us		Other	
Savings Account <input type="checkbox"/> With us		Other	
PERSONAL REFERENCES			
NAME		ADDRESS	
TELEPHONE			
1.			
2.			
3.			
CREDIT REFERENCES			
CREDITOR		BALANCE	
MONTHLY PAYMENT			
Mortgage 1.			
2.			
Auto Loan 1.			
2.			
Other (Include Credit Cards) 1.			
2.			
3.			
4.			
OTHER OBLIGATIONS			
Rent			
Child Support			
Other			

I WOULD LIKE MY LOAN DUE ON THE _____ DAY OF EACH MONTH
 PLEASE TRANSFER MY MONTHLY LOAN PAYMENTS FROM ACCOUNT # _____ WITH YOU.

APPLICANT'S STATEMENT:

The information stated in this application is true and correct to the best of my knowledge. You are authorized to verify the information and I understand that this application will be kept whether or not it is approved. You are authorized to receive additional credit information including a credit bureau report, to answer questions about your credit experience with me, and to disclose credit information to each other.

X
APPLICANT'S SIGNATURE _____ DATE _____

X
CO-APPLICANT'S SIGNATURE _____ DATE _____

CO-APPLICANT DATA		DO YOU EXPECT ANY DISRUPTIONS OR DECREASES IN INCOME DURING THE TERM OF THIS LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
First Name		Last Name	
Mailing Address		City	State
Physical Address		ZIP	
Home Telephone #		Social Security #	Birth Date
Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Drivers License State of Issuance & Number	
Employer Name		Employer Address	
Business Telephone #	Position or Job Title	Date Started	
Salary Per Month Gross		Net	
Sources of Other Income		Amount Per Month Gross Net	
(Income from alimony, child support and maintenance payments need not be revealed unless you wish income to support a request for credit).			
Checking Account <input type="checkbox"/> With us		Other	
Savings Account <input type="checkbox"/> With us		Other	
PERSONAL REFERENCES			
NAME		ADDRESS	TELEPHONE
1.			
2.			
3.			
CREDIT REFERENCES			
CREDITOR		BALANCE	MONTHLY PAYMENT
Mortgage			
1.			
2.			
Auto Loan			
1.			
2.			
Other (Include Credit Cards)			
1.			
2.			
3.			
4.			
OTHER OBLIGATIONS			
Rent			
Child Support			
Other			