Please submit your most recent pay stub for borrower and co-applicant. LOAN DEPT. PHONE #231-947-2191 FAX #231-947-0732

NW CONSUMERS FEDERAL CU 2948 GARFIELD RD N TRAVERSE CITY, MI 49686

WESCO:APP3 (02/23/04)

Your account number is:	Amount requested:		Purpose:												
APPLICANT		CO-A	PPLICANT	☐ SPOU	SE [GUARANT	OR								
Full Name: SSN: Birth Date: ADDRESS:			Full Name: SSN: Birth Date: ADDRESS:												
								Home Phone: ☐ Own ☐ Rent Date moved to this address:			Home Phone: ☐ Own☐ Rent Date moved to this address:				
EMPLOYER NAME & ADDRESS:		EMPLOY	ER NAME & A	DDRESS:											
Start Date:		Start Date	::												
Phone/Ext.:			Phone/Ext.:												
Total Income:	Per:	Total Inco	ome:	P	er:	☐ Net ☐	Gross								
NEAREST RELATIVE NOT LIVING	with 100.	NEARES	T RELATIVE N	OT LIVING	WIIII 10	0.									
Phone:		Phone:			Presen	ıt Mont									
Liabilities	With Whom		Accoun	t #	Balanc		nent								
Mortgage/Rent															
Home Equity															
Vehicle Loan															
Vehicle Loan															
Credit Card															
Credit Card															
If the answer to either of the following Are there any outstanding judgem Have you ever filed for bankrupto	ents against you? Applicant:	Yes No	Co-A	ation: Applicant: [] Applicant: []		No No									
PLEASE READ BEFORE SIGNING: This st authorize the Credit Union to conduct fur sources from time to time. I agree that p	ther investigation and obtain addi	tional inform	ation concerning	my credit rep	outation fro	om all available									
f additional debt is shown on the credit report used will be furnished to the applic		applicant(s),	it may be used i	n our credit d	lecision. A	copy of the cr	edit								
DRIVER'S LICENSE #		DRIVER'S I	LICENSE #												
Applicant Signature	Date	Second S	ignature			Date									
			ee Representative			Date									