



Invested in your financial health

CREDIT UNION

P.O. Box 19340 • Seattle, WA 98109-1340 • 800.562.5515 • 206.298.9394 • salalcu.org

APPLICATION FOR CREDIT

Dealership _____
Phone # _____

You must complete the following:

- You may apply for credit in your name alone, whether or not you are married.
(1) Please indicate whether you are applying individually, or with another person.
(2) Indicate your marital status here only if:
a) You live in a community property state (AZ, CA, ID, LA, NM, TX, WA, or WI), or
b) This is a joint application, or c) this is an application for secured credit.
(3) If you are applying for credit with another person please complete all sections.
(4) If you are married and live in a community property state, or any property that will secure this credit is located in a community property state, please provide information about your spouse in the "Joint-Applicant" section (even if this application is in your name alone).

You must check and initial one

I/we are applying for:
Joint credit
Individual Credit
Applicant Initials Joint Initials Government issued ID# ID Type and Exp Date
U.S. Citizen Yes No

Amount Requested \$ Fixture Purchased Account#

PROPERTY INFORMATION

Date Purchased \$ Purchase Price \$ Current Value \$ Monthly Payment \$ Balanced Owed

APPLICANT INFORMATION

First Name Middle Last Name Social Security Number Date of Birth
Physical Address City State and Zip Code
Mailing Address City State and Zip Code
Previous Address (if less than 2 years with present address)
Home Phone Number
Cell Phone Number Do you Rent Lease Own If Rent or Lease \$ Monthly Payment Since (Month/Year)

ADDRESS OF WORK SITE (if different from physical or mailing address)

EMPLOYMENT INFORMATION

Employer Position City and State
Gross Monthly Income Employed Since (month/Year) Employer Phone Number
Previous Employer (if less than 2 years with present employer) From (Month/Year) To (Month/Year)
Additional Income* Source of Income From (Month/Year) Dependent Care PAID per month
*Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis of paying this obligation.

JOINT APPLICANT INFORMATION

First Name Middle Last Name Social Security Number Date of Birth
Physical Address City State and Zip Code
Mailing Address City State and Zip Code
Home Phone Number Government issued ID # ID Type and Exp. Date

JOINT APPLICANT EMPLOYMENT INFORMATION

Employer Position City and State
Gross Monthly Income Employed Since (month/Year) Employer Phone Number
Previous Employer (if less than 2 years with present employer) From (Month/Year) To (Month/Year)
Additional Income* Source of Income From (Month/Year) Dependent Care PAID per month
*Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis of paying this obligation.

For any additional credit obligations please submit on a separate piece of paper.

USA PATRIOT ACT IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this mean for you: • When you open an account, We will ask for your name, address, date of birth and other information that will help identify you. • We may also ask to see your driver's license or other identifying documents.

APPLICANT(S) SIGNATURE REQUIRED BELOW

By completing and signing this application you are applying for credit to purchase goods and services. You affirm that all of the information furnished on the application is to the best of your knowledge, complete and accurate and agree Salal Credit Union may investigate now and in the future, any of the information from any source they choose including obtaining a credit bureau report. You agree that this information may be used by Salal Credit Union to determine whether you qualify for other credit offers. If your application is approved, Salal Credit Union may from time to time supply information about your loan to credit reporting agencies. You agree to give Salal Credit Union a security interest in the goods being purchased. Use of a product or services is acceptance of the rights and responsibilities (also called terms and conditions) associated with that product or service. If you make a false statement or over value property for the purpose of influencing our decision on this application then federal law provides you maybe fine up to \$1 million dollars and /or imprisoned up to 30 years.

Applicant Signature Joint Applicant Signature Date

For Credit Union Use Only

Credit Application Received Date By In-Person/Dealer Mail, Fax or Internet Phone Initials

Merchant Loan Application