

LOANLINE

531 Garfield Ave

APPLICATION PLEASE PRINT (IN INK) OR TYPE

Troy, OH 45373

(937)-335-8591

NOTICE: Married Applicants may apply for a separate account. Check the appropriate box below to indicate the type of credit for which you are applying.

- Individual Credit:** Complete Applicant section. Complete other section as follows: (1) Information about your spouse if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or your spouse will use the Account. (2) Information about the party making the payments if you are relying on alimony, spousal support, child support or separate/spousal maintenance as a basis for repayment.
- Joint Credit:** Provide information about both of you by completing Applicant and Other Applicant sections.

You REQUEST AN ADVANCE OF	PURPOSE AND COLLATERAL	REPAYMENT THROUGH <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> MILITARY ALLOTMENT
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APPLICANT			
NAME (LAST)		(FIRST)	
(INITIAL)			
ACCOUNT NUMBER	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXTENSION	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS	
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS	
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.			
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)			
NUMBER OF DEPENDENTS OTHER THAN LISTED BY OTHER APPLICANT (EXCLUDE SELF).		AGES	

CHECK BOX TO INDICATE WHOM THE INFORMATION IS ABOUT:			
<input type="checkbox"/> CO-APPLICANT		<input type="checkbox"/> SPOUSE	
<input type="checkbox"/> EX-SPOUSE		<input type="checkbox"/> GUARANTOR	
NAME (LAST)		(FIRST)	
(INITIAL)			
ACCOUNT NUMBER	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER	
BIRTH DATE	HOME PHONE	BUSINESS PHONE/EXTENSION	
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS	
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT	
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)		YEARS AT THIS ADDRESS	
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COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE.			
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)			
NUMBER OF DEPENDENTS OTHER THAN LISTED BY OTHER APPLICANT (EXCLUDE SELF).		AGES	

EMPLOYMENT AND INCOME INFORMATION			
NAME AND ADDRESS OF EMPLOYER			
TITLE/GRADE		SUPERVISOR	
STARTING DATE	SHIFT/HOURS AT WORK	SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF BUSINESS
MILITARY: IS DUTY STATION TRANSFER EXPECTED DURING NEXT YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE	ENDING/SEPARATION DATE
NOTICE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED.			
<input type="checkbox"/> NET EMPLOYMENT INCOME	OTHER INCOME	SOURCE	
<input type="checkbox"/> GROSS			
\$ PER	\$ PER		
IF EMPLOYED IN CURRENT POSITION LESS THAN TWO YEARS, COMPLETE THE FOLLOWING			
PREVIOUS EMPLOYER NAME & ADDRESS		START DATE	
		END DATE	
TITLE/GRADE		SUPERVISOR	

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PREVIOUS EMPLOYER NAME & ADDRESS		START DATE	
		END DATE	
TITLE/GRADE		SUPERVISOR	

REFERENCES	
SHARE DRAFT OR CHECKING ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY
SAVINGS ACCOUNT NUMBER/AMOUNT	NAME & ADDRESS OF DEPOSITORY
NAME AND ADDRESS OF CREDITOR(S) OF DEBTS PAID OFF	TELEPHONE
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	HOME PHONE
NAME & ADDRESS OF PERSONAL FRIEND - NOT A RELATIVE	HOME PHONE

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