

Consumer Credit Application

IMPORTANT: Please read directions before filling out application.
 If you are applying for joint credit, please provide Co-Owner section information for the joint applicant.

IMPORTANT APPLICANT INFORMATION

Federal law requires Financial Institutions to obtain adequate information to ensure proper identification of individuals applying for credit or opening new accounts. You will be asked to supply this information and, in some cases, supporting documentation to verify your identity. We may use outside sources to verify this identifying information. All information you provide is protected by our privacy policy and federal law



307 Main ST PO Box 330
 Westmoreland, KS 66549
 PH: (785) 457-3316
 Fax: (785) 457-3798

8685 E Hwy 24
 Manhattan, KS 66502
 PH: (785) 539-9002
 Fax: (785) 539-9004

301 Leonard ST
 Onaga, KS 66521
 PH: (785) 889-4211
 Fax: (785) 889-4934

Amount Requested \$	Payment Date Desired	Proceeds To Be Used For:				
APPLICANT INFORMATION						
Name (last, First Middle)				Birth Date	Phone	Work
Complete All That Apply	Social Security No.	Drivers License No	Issued Date	Expiration Date	State	
	Tax ID No.	Other (Military ID, etc)	Issued Date	Expiration Date	State	
Address (Street, PO Box, City, State, ZIP)					How Long At Address	
Previous Address (Street, City, State, ZIP)					How Long At Address	
Present Employer (Name & Address)		Occupation	Length of Employment	Present Gross Salary \$ per	Present Net Salary \$ per	
Previous Employer (Name & Address)		Length of Employment	Other Income \$ per	Source For Other Income	No. Of Dependents	
Is any income listed in this Section Likely To Be Reduces Before Credit Is Paid Off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Brief Description)			Checking Acct Number _____	Located? _____		
			Savings Acct Number _____	Located? _____		
Name & Address Of Nearest Relative Not Living With You				Relationship	Telephone (include area code)	
CO-APPLICANT INFORMATION						
Name (last, First Middle)		Name (last, First Middle)		Birth Date	Work	
Complete All That Apply	Social Security No.	Drivers License No	Issued Date	Expiration Date	State	
	Tax ID No.	Other (Military ID, etc)	Issued Date	Expiration Date	State	
Address (Street, PO Box, City, State, ZIP)					How Long At Address	
Previous Address (Street, City, State, ZIP)					How Long At Address	
Present Employer (Name & Address)		Occupation	Length of Employment	Present Gross Salary \$ per	Present Net Salary \$ per	
Previous Employer (Name & Address)		Length of Employment	Other Income	Source For Other Income	No. Of Dependents	
Is any income listed in this Section Likely To Be Reduces Before Credit Is Paid Off? <input type="checkbox"/> No <input type="checkbox"/> Yes (Brief Description)			Checking Acct Number _____	Located? _____		
			Savings Acct Number _____	Located? _____		
Name & Address Of Nearest Relative Not Living With You				Relationship	Telephone (include area code)	
MARITAL STATUS						
Applicant: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried			Co-Owner: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried			

