

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



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Westmoreland, KS 66549
PH: (785) 457-3316
Fax: (785) 457-3798



8685 E Hwy 24
Manhattan, KS 66502
PH: (785) 532-9002
Fax: (785) 532-9004



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)	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)
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		

