

Vehicle Loan Pre-Approved For \$ _____

 Account # _____ Purchase Refinance Amount Requested \$ _____

BORROWER

Name		Social Security #	
Address			<input type="checkbox"/> # Years at Address
Date of Birth	Home Phone	Work Phone	
Employer	Position	Employer Address	
Date of Hire	Monthly Salary *	Previous Employer (if less than 2 years)	<input type="checkbox"/> # Years at Last Job
		Driver's License #	

CO-APPLICANT / JOINT BORROWER


Name		Social Security #	
Address			
Date of Birth	Home Phone	Work Phone	
Employer	Position	Employer Address	
Date of Hire	Monthly Salary *	Previous Employer (if less than 2 years)	<input type="checkbox"/> # Years at Last Job
		Driver's License #	

* OTHER MONTHLY INCOME (ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOMES) DOES NOT HAVE TO BE STATED UNLESS YOU WANT THEM TO BE CONSIDERED	AMOUNT \$	SOURCE
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These questions apply to both applicant and co-applicant				
IF A YES ANSWER IS GIVEN TO A QUESTION EXPLAIN ON ATTACHED SHEET	APPLICANT		CO-APPLICANT	
	YES	NO	YES	NO
In the last 10 years have you been declared bankrupt or filed a petition for chapter 13?				
Have you any outstanding judgements?				
Are you a co-maker or co-signer of any loan?				
If you are a co-maker or a co-signer, for whom (name of others obligated on loan)				

<input type="checkbox"/> Yes, I wish to purchase Credit Disability Insurance	<input type="checkbox"/> Yes, I wish to purchase Credit Life Insurance
Auto Insurance Company _____	
Agents Name Policy Number _____	

 Length of Loan Requested: 24 months 36 months 48 months 60 months

DEBTS	TOTAL THIS COLUMN	
Check One: <input type="checkbox"/> Rent <input type="checkbox"/> Own Home <input type="checkbox"/> Live with Parents or Relatives		
Number of Dependents <input style="width: 50px;" type="text"/>		
Mortgage Balance \$		Monthly Mortgage Payment \$
Monthly Rent (if any)		\$
Number of Dependents		
Monthly Childcare/Support Payments		\$
Total Credit Card Debt		\$
Tell Us About the Vehicle You Currently Have:		
Year: _____		
Make & Model: _____		
Lender (who you financed or leased the vehicle through): _____		
Is this vehicle to be: <input type="checkbox"/> traded <input type="checkbox"/> refinanced		
Balance Owed \$	Monthly Payment \$	
Total of All Monthly Debt Payments \$		

This pre-approval is subject to verification of income and current employment. By signing below I authorize Atlantic Federal Credit Union to check my credit history including the verification of the information on this request. I understand that you may contact me for further information, and that this application must be completed fully for Atlantic Federal Credit Union to process my request. A current driver's license and full coverage automobile insurance are required. All loans are subject to Atlantic Federal Credit Union's Loan Agreement. You may obtain information from others about me and give credit information to others. I authorize you to issue any credit devices requested by me. I understand that all funds advanced to me will be subject to the terms and conditions of the Loan and Security Agreements which I have received. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. Any willful misrepresentation on this Application could result in a fine and/or imprisonment under provisions of the U.S. criminal code.

Applicant's Signature _____	Date _____	Joint Applicant's Signature _____	Date _____
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FOR CREDIT UNION USE:

.COMMITTEE APPROVAL	DATE	DOLLAR AMOUNT	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
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