



Painesville Credit Union
 Phone: (440) 352-8974 Fax: (440) 352-8110
 www.painesvillecu.org
VISA APPLICATION



Amount Requested _____ Purpose _____

Repayment: _____ Payroll Deduction _____ Cash _____

Insurance: _____ Credit Disability _____ Single Credit Life _____ Joint Credit Life _____

APPLICANT

Name: _____

Account #: _____

Address: _____

Own: _____ Rent: _____ # Years: _____

S.S. #: _____

Date of Birth: _____

Home Phone: _____

Employer: _____

Emp. Address: _____

Position: _____

Length of Employment: _____

Work Phone: _____

Gross Income:* _____

Alimony or child support or maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.

Monthly Rent/Mortgage \$: _____

Have you ever filed Bankruptcy: _____ Yes _____ No

Reference: _____

Phone #: _____

Address: _____

***Signature:** _____

APPLICANT

Name: _____

Account #: _____

Address: _____

Own: _____ Rent: _____ # Years: _____

S.S. #: _____

Date of Birth: _____

Home Phone: _____

Employer: _____

Emp. Address: _____

Position: _____

Length of Employment: _____

Work Phone: _____

Gross Income:* _____

Alimony or child support or maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit.

Monthly Rent/Mortgage \$: _____

Have you ever filed Bankruptcy: _____ Yes _____ No

Reference: _____

Phone #: _____

Address: _____

***Signature:** _____

This statement is submitted to obtain credit and I (We) certify that all information herein is true and complete. I (We) also authorize the Credit Union to certify or obtain other information the Credit Union may deem necessary concerning my (our) credit standing. By signing this application each of the following applicants certify that they applied for credit either individual or jointly.

For Credit Union Use Only

Amount Approved: _____ **Loan Officers:** _____ **Date:** _____