



For Internal Use Only
 Branch Business Development

899 S. Oyster Bay Road
 Bethpage, NY 11714
 1-800-628-7070
 lovebethpage.com

Branch Name _____ Referred by _____

Credit Request

Credit Type Requested: Individual credit (complete Applicant section) Joint credit (complete Co-Applicant section)

Purpose of Loan _____ **Loan Type**
Vehicle Loan Auto New Overdraft/Line of Credit
Signature Loan
 Recreational Vehicle Used Line of Credit Increase
 Boat Refinance Personal Loan
 Other

Amount Requested _____ **Repayment** (rate discount may apply)
 Transfer from Bethpage account
 Transfer from non Bethpage checking account
 Cash payment

Term (Months) Requested _____

Vehicle Loan: Please provide the following information about the collateral, if available.

Year	Make	Model	Purchase Price	Title in the name of

Applicant: If additional space is needed, please use a separate sheet of paper. All income must be listed if it is to be considered.

Social Security Number	Applicant's Last Name	First	Middle	Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Home Address	City	State/Zip	How Long? Years Months	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Monthly Payment (incl. taxes) <input type="checkbox"/> Other \$
Previous Address (if less than 2 years)	City	State/Zip	How Long? Years Months	Date of Birth Number of Dependents
Home Phone ()	Work Phone ()	E-mail address	Referred By (Member Name)	

Employment information

Name and Address of Current Employer	Position	How Long? Years Months	Gross Monthly Income from Employment?
Name and Address of Previous Employer (if less than 2 years at current employer)	How Long? Years Months	Other Monthly Income	Other Income Source Deposits at Other Institutions
Judgements, bankruptcy, garnishments, legal proceedings against you? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain on additional sheet			Are you a U.S. Citizen or permanent legal resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Income received from alimony, child support or separate maintenance payments need not be listed unless you choose to have it considered.

Reference, One person, not residing with you.	Relationship	Name	Address	City	State/Zip	Telephone Number ()

Co-Applicant

Social Security Number	Co-Applicant's Last Name	First	Middle	Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Home Address (if different than applicant)	City	State/Zip	How Long? Years Months	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Monthly Payment (incl. taxes) <input type="checkbox"/> Other \$
Previous Address (if less than 2 years)	City	State/Zip	How Long? Years Months	Date of Birth Number of Dependents
Home Phone ()	Work Phone ()	E-mail address	Referred By (Member Name)	

Co-Applicant Employment information

Name and Address of Current Employer	Position	How Long? Years Months	Gross Monthly Income from Employment?
Name and Address of Previous Employer (if less than 2 years at current employer)	How Long? Years Months	Other Monthly Income	Other Income Source Deposits at Other Institutions
Judgements, bankruptcy, garnishments, legal proceedings against you? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain on additional sheet			Are you a U.S. Citizen or permanent legal resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Income received from alimony, child support or separate maintenance payments need not be listed unless you choose to have it considered.

Statement of Indebtedness

List ALL debts. Attach additional page if needed. List all indebtedness of Co-Applicant if he/she will be contractually liable upon this account. If no debts, write none.

Name of Creditor	Present Balance	Paying off with Debt Consolidation Loan	Indicate "A" for applicant or "C" for Co-applicant debt
	\$	\$	

Monthly Child Support/Alimony Obligations

More? <input type="checkbox"/> No <input type="checkbox"/> Yes: List on additional sheet	\$	Total	\$	Total
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Debt Protection Acknowledgement

Yes, I would like the following voluntary debt protection (see a representative for plan premiums):
 Single life, disability & involuntary unemployment Single life & disability Single life Single disability
 Joint life, disability & involuntary unemployment Joint life & disability Joint life Joint disability
 No, I do not want debt protection

Are you an endorser, guarantor or co-maker for others? No Yes Applicant Co-Applicant
 Yes: If yes, include the name and address of other person(s) and creditor(s) on additional sheet.

Please sign Below (Co-Applicant must sign if applying jointly).

I certify that all the information on this application is true and correct to the best of my knowledge and is given for the purpose of obtaining a Bethpage Federal Credit Union (Bethpage) loan. I authorize Bethpage to check my credit and employment history and to answer questions or requests from others seeking credit experience about my accounts. Bethpage may obtain a consumer report on me and if the application is approved, Bethpage may at any time in the future obtain additional consumer reports in connection with an update, renewal or extension of my credit. I have the right to ask whether a consumer report was requested and the name and address of the consumer reporting agency which gave Bethpage the consumer report. I will receive a copy of the truth-in-lending and insurance disclosures and agree to be bound by their terms.

X		X	<input type="checkbox"/> Co-Applicant
Signature of Applicant	Date	Signature	<input type="checkbox"/> Other Owner (Lien Purposes)
			Date