



TEAMSTERS CREDIT UNION

2825 Trumbull Avenue • Detroit, MI 48216 • (313) 962-4666 • Fax (313) 963-5850

Account No. _____

NAME LAST	FIRST	MIDDLE	DATE
HOME ADDRESS	CITY	STATE	ZIP
			REFERRED BY

THE FOLLOWING INFORMATION MUST BE PROVIDED WHEN APPLYING FOR CREDIT

DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVERS LICENSE NO.	NO. OF DEPENDENTS	HOME PHONE NO.	NUMBER OF YEARS AT PRESENT ADDRESS
() BUYING () RENTING () FREE & CLEAR () ROOMING	AMOUNT PAID MONTHLY \$ _____	VALUE \$ _____ BALANCE \$ _____	MORTGAGE HOLDER OR LANDLORD:		HOW IS PROPERTY TITLE

PREVIOUS ADDRESS	HOW LONG	PREVIOUS ADDRESS	HOW LONG
EMPLOYER	DATE EMPLOYED	EMPLOYMENT ADDRESS	EMPLOYMENT PHONE NO.
POSITION	TAKE HOME PAY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	PAYROLL DEDUCTION AMT.	UNION LOCAL NO.
PREVIOUS EMPLOYER	HOW LONG	PREVIOUS EMPLOYER	HOW LONG

VEHICLE OWNED (YEAR AND MAKE)	MODEL	FINANCED BY	TITLED TO	INSURED WITH
VEHICLE OWNED (YEAR AND MAKE)	MODEL	FINANCED BY	TITLED TO	INSURED WITH

<input type="checkbox"/> CHECKING ACCT <input type="checkbox"/> SAVINGS ACCT	FINANCIAL INSTITUTION	BRANCH	ACCOUNT NO.	ACCOUNT JOINT WITH:
PARENTS (OR RELATIVE)	ADDRESS		PHONE NO.	
PERSONAL REFERENCE	ADDRESS		PHONE NO.	
PERSONAL REFERENCE	ADDRESS		PHONE NO.	

WERE YOU EVER A MEMBER OF ANY OTHER CREDIT UNION? PLEASE LIST ALL CREDIT UNIONS

HAVE YOU EVER FILED BANKRUPTCY? _____ IF YES, EXPLAIN:
 HAVE YOU EVER BEEN GARNISHED? _____
 HAVE YOU EVER HAD A REPOSSESSION? _____

USE SPACE BELOW FOR EXPLANATIONS REQUIRED OR WHICH YOU THINK WILL BE HELPFUL IN ARRIVING AT A CREDIT DECISION AND FOR LISTING ANY OTHER INCOME. ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED UNLESS YOU WANT US TO CONSIDER SUCH INCOME IN OUR CREDIT DECISION.

STATE THE FOLLOWING INFORMATION IF: 1). YOUR SPOUSE IS A CO-APPLICANT. 2). YOUR SPOUSE WILL BE CONTRACTUALLY LIABLE UPON THE ACCOUNT; OR 3). YOU ARE RELYING ON ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS FROM A SPOUSE OR FORMER SPOUSE AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED.

SPOUSE'S NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVERS LICENSE NO.
SPOUSE EMPLOYED BY	DATE EMPLOYED	TAKE HOME PAY	POSITION
EMPLOYMENT ADDRESS	EMPLOYMENT PHONE	PREVIOUS EMPLOYMENT	HOW LONG
ADDRESS (IF DIFFERENT FROM YOURS)	HOW LONG	PREVIOUS ADDRESS	HOW LONG

MEMBER'S SIGNATURE _____ DATE _____

