

# ABCO FEDERAL CREDIT UNION ALL PURPOSE LOAN APPLICATION

P.O. BOX 247 • RANCOCAS, NJ 08073 • PHONE : 1-800-225-1859 • Fax : 609-877-9368 • [www.goabco.org](http://www.goabco.org) • or MAIL

**Individual Credit:** You must complete the **Applicant** section about yourself and the **Other** section about your spouse if: Your spouse will use the account, or you are relying on your spouse's income as a basis for repayment. If you are relying on income from alimony, child support, or separate maintenance, complete the **Other** section to the extent possible about the person on whose payments you are relying.

**Joint Credit:** If you are applying with another person, complete the **Applicant** and **Other** sections.

Check below to indicate the type of account(s) and type of credit for which you are applying. Married Applicants may apply for a separate account

**Check appropriate box:**  Individual credit  Joint credit - Amount Requested \$ \_\_\_\_\_ Purpose \_\_\_\_\_  
 Signature  New Vehicle  Used Vehicle  Home Equity Fixed  Home Equity Line-Of-Credit  Visa (See agreement for terms)  Refinance an existing vehicle loan from another financial institution: (Complete Information Below) *Use separate sheet if needed*

**\*NOTE: ALL SIGNATURE BLOCKS MUST BE SIGNED when applying with another individual for joint credit.**

Applicant Name: (Last-First-Initial)	Date of Birth	Other: Spouse/Joint Applicant Name	Date of Birth
Drivers License #:	State:	Drivers License #	State:
Account #: E-Mail:	Social Security #	Account #: E-Mail:	Social Security #:
Home Phone #:	Cell Phone #	Home Phone #:	Cell Phone #:
Present Address Street-City-State-Zip	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Family	Present Address Street-City-State-Zip	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Family
	# <input type="checkbox"/> Years <input type="checkbox"/> Months at this address		# <input type="checkbox"/> Years <input type="checkbox"/> Months at this address
Previous Address Street-City-State-Zip	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Family	Previous Address Street-City-State-Zip	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Family
	# <input type="checkbox"/> Years <input type="checkbox"/> Months at this address		# <input type="checkbox"/> Years <input type="checkbox"/> Months at this address.
<b>Name and Address of Employer</b>		<b>Name and Address of Employer</b>	
Title/Position	Work# ( )	Ext.	
<b>Gross annual Income \$</b>	Start Date		
Other Income: Source, How long received & amount			
Previous Employment: Title/Position: _____			
Type of Company: _____			
Start Date: _____ End Date: _____			
Debts: Mortgage payment including taxes & Ins. \$ _____		Debts: Mortgage payment including taxes & Ins. \$ _____	
Market Value of <b>property offered as collateral</b> \$ _____		Market Value of <b>property offered as collateral</b> \$ _____	
<b>Total Rent \$</b> _____ Total payments to credit card & finance companies, auto loans, department stores: \$ _____		<b>Total Rent \$</b> _____ Total payments to credit card & finance companies, auto loans, department stores: \$ _____	
*Credit Card Balance Transfer: By signing below, I authorize ABCO to transfer my credit card balances to my ABCO VISA®. Please provide your credit card holder name, mailing address, account number and balance.		*Credit Card Balance Transfer: By signing below, I authorize ABCO to transfer my credit card balances to my ABCO VISA®. Please provide your credit card holder name, mailing address, account number and balance.	
<b>Refinance Information:</b> Year: _____ Make: _____ Model: _____ Vin# _____			
Name/ Finance Co.: _____ Finance Co. Phone # _____			
Account#: _____ Interest Rate _____ % Name(s) acct. is under: _____			
*By Signing below, I/we authorize release of information on my/our account.			

If you are applying for a credit card, you understand that the use of your card will constitute acknowledgement of receipt and agreement to the terms of the credit card agreement and disclosures. You grant us a security interest in all individual and joint share and/or deposit accounts you have with us now and in the future to secure your credit card account. When you are in default, you authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account, and any other account that would lose special tax treatment under state or federal law if given as security, are not nor subject to the security interest you have given in your shares and deposits.

\*Signature: \_\_\_\_\_ \*Other Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing below, each of the following applicants certifies that they applied for joint credit.*

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_