

SHAREFAX CREDIT UNION, INC.

www.sharefax.org (513) 753-2440

Credit Bureau Authorization

I hereby certify that all statements made, are true and complete, are submitted for the purpose of obtaining credit and that the Credit Union may rely on them for such determination. I/we authorize you to obtain such information as you may require concerning the statements made in this loan application, and agree that the application shall remain your property whether or not the loan is granted. I/we also agree that information regarding the account may be given to a credit reporting agency. I/we hereby acknowledge receipt of notice required under the equal credit opportunity act.

The Ohio Laws against Discrimination required that all creditors make credit equally available to all creditworthy members, and the credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Right Commission administers compliance with this law.

Signature of Applicant	Date
Signature of Co-Applicant	Date
Notice to Co-Applicant	
	this debt. Think carefully before you do. If the borrower b. Be sure you can afford to pay if you have to, and that you
You may have to pay the full amou have to pay late fees or collection co	nt of the debt if the borrower does not pay. You may also sts, which increase this amount.
The creditor can collect this debt from you without first trying to collect from the borrower. The creditor can use the same collection methods against you that can be used against the borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become a part of <i>your</i> credit record.	
This notice is not the contract that ma	ikes you liable for the debt.
Copy of this Statement Received	Co-Applicant Signature Date
	Oo-Applicant Oignature Date