



Sharefax Credit Union, Inc.  
**CREDIT APPLICATION**

**APPLICANT INFORMATION**

Application Type:		<input type="checkbox"/> Individual	<input type="checkbox"/> Joint/Co-Applicant
First Name:	Middle:	Last Name:	Suffix:
Date of birth:	SSN:	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Cell Phone:	Work Phone:	
E-mail:	DL#:	State:	Exp: Issue Date:
Current address:			Apt No:
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly housing payment: \$	How long?	Yrs Months
Previous address (if less than 5 years):			Apt No:
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly housing payment: \$	How long?	Yrs Months

**EMPLOYMENT INFORMATION**

Current employer:		
Employer address:	How long?	Yrs Months
City:	State:	Zip Code:
Contact name:	Contact phone:	Own business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position:	Hourly Salary (Please circle)	Gross Monthly income: \$
Previous employer (if less than 5 years):		
Employer Address:	How long?	Yrs Months
City:	State:	Zip Code:
Contact name:	Contact phone:	Own business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position:	Hourly Salary (Please circle)	Gross Monthly income: \$

**REFERENCE INFORMATION**

Applicant References: Names and addresses of <b>at least TWO</b> relatives not residing with you:		
Relative # 1 Name:		
Address:		
City:	SSN:	Phone:
Relationship:		
Relative # 2 Name:		
Address:		
City:	SSN:	Phone:
Relationship:		

**CO-APPLICANT INFORMATION, IF JOINT ACCOUNT**

First Name:	Middle:	Last Name:	Suffix:
Date of Birth:	SSN:	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Cell Phone:	Work Phone:	
E-mail:	DL#:	State:	Exp: Issue Date:
Current address:			Apt No:
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly housing payment: \$	How long?	

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**CO-APPLICANT INFORMATION - CONTINUED**

Previous address (if less than 5 years):		Apt No:
City:	State:	Zip Code:
Owned      Rented      (Please circle)	Monthly housing payment: \$	How long:

**CO-APPLICANT EMPLOYMENT INFORMATION**

Current employer:		
Employer Address:		
City:	State:	Zip Code:
Contact name:	Contact phone:	Own business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position:	Hourly      Salary      (Please circle)	Gross Monthly income: \$
Previous employer (if less than 5 years):		
Employer Address:		
City:	State:	Zip Code:
Contact name:	Contact phone:	Own business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position:	Hourly      Salary      (Please circle)	Gross Monthly income: \$

**OTHER SOURCES OF INCOME**

Source:	Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Per Month: \$
Source:	Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Per Month: \$
Source:	Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Per Month: \$

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**SIGNATURES:**

I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

The Ohio Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Applicant Signature:	Date:
Co-Applicant Signature:	Date: