State Central Bank

Consumer Installment Loan Application

NOT for loans to be secured by real estate or a dwelling

Type of Credit Desired:

Please check box and initial for joint credit. If checked, loan will be based on the credit of both applicants.

We intend to apply for joint credit.

Applicant A _____ Applicant B _____

FOR BANK USE ONLY		
Application Method		
☐ In Person	☐ By Mail	☐ By Phone
Date Application Received:		
Application Number:		

Notice: Information on Applicant B required only for joint application or if Applicant A wished to rely on Applicant B's income for credit purposes.

Applicant A

First	Middle	Last	Date of Birth
Address	City	State	Time at address
Former Address	City	State	Time at address
Employer		Position	
Address	Length of Time	Gross Income	
Former Employer	Length of Time	Gross Income	
Primary Phone	Social Security Number/Tax ID Number		

Income from Child Support, Alimony or Maintenance payments need not be revealed if applicant does not wish to disclose such income to apply for credit.

Applicant	A	B
Net Monthly Income		
Other Income		
Source of Other Income		
Child Support Payable		
Total Net Monthly Income		
Combined Total Net Monthly Income		

Current Residence ☐ Rent ☐ Own ☐ Contract	Landlord Name If Renting:	Address	Rent Amount
Nearest Relative not living with me	Name	Address	Phone

Applicant B

First	Middle	Last	Date of Birth
Address	City	State	Time at address
Former Address	City	State	Time at address
Employer		Position	
Address	Length of Time	Gross Income	
Former Employer	Length of Time	Gross Income	
Primary Phone	Social Security Number/Tax ID Number		

Loan Amount Requested

$ _____

Specific purpose for request:

_____

_____

_____

_____

Financial Obligations (Check those to be paid from this loan)

☑	Creditor	Payment	Balance
☐			
☐			
☐			
☐			
☐			
☐			
☐			

Bank Information:

Bank Name	Savings	Checking
State Central Bank	☐	☐
Other:	☐	☐
Other:	☐	☐
Other:	☐	☐

Description of Collateral:

Item Description				Approximate Value
Year	Auto Make	Body Style	VIN	
Seller		Seller's Phone	Miles	
			Total Collateral:	

Insurance Requirement:

I understand that insurance coverage is required in connection with the extending of a loan by State Central Bank. The following minimum insurance coverages must be provided:

Type: Comprehensive and Collision.
Amount: Full insurable value.
Basis: Replacement value.
Endorsements: Lender loss payable clause with stipulation that coverage will not be cancelled or diminished without a minimum of 10 days prior written notice to Lender.
Deductibles: $500.00.
Latest Delivery Date: By the loan closing date.

I may obtain insurance from any insurance company I may choose that is reasonably acceptable to Lender. I understand that credit may not be denied solely because insurance was not purchased through Lender.

My insurance agent is: Name: _____

Address: _____

Phone: _____

I/We certify that all information submitted on or with this application is true and complete. I/We agree that any property securing the loan or credit will not be used for any illegal or restricted purpose. I/We hereby authorize State Central Bank to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by Lender for that purpose. I/We hereby authorize State Central Bank to disclose to any other interested parties information as to experiences or transactions with my/our account. I/We understand that State Central Bank will retain this application and any other credit information received, even if no loan or credit is granted.

Signed (A) _____ Date

Signed (B) _____ Date