



31 Hanna Parkway • Akron, OH 44319
Toll-Free: 888-740-8351 • Local : 234-352-1100
Fax: 330-724-2590 • Brook Park: 216-362-3633

**When faxing or scanning an application please be sure to retain your original copy.
You will be required to turn in original document upon approval of your loan.
Thank you!**

Cover Sheet Information

1. Credit Union Account Number _____
2. Purpose of loan (or advance) _____
3. Amount of (additional) money needed \$_____ Term of Loan (in months) _____
4. Will this loan be payroll deducted? YES/NO (Circle One)
5. If self-employed you must document income with your last 2 years tax returns.

6. PLEASE SUPPLY COPIES OF PAYSTUBS FOR ALL LISTED BORROWERS.

WE WILL NEED A CLEAR TITLE TO THE COLLATERAL YOU OFFER

Year _____ Make _____ Model _____

7. Name of dealer or private owner _____

Is car being ordered ? _____ On the lot? _____
(Return a copy of the purchase order if vehicle bought from a dealer)

8. In whose name will the vehicle be titled? _____
(this person signs the security agreement)

**IF YOU ARE OFFERING COLLATERAL YOU ARE REQUIRED TO CARRY FULL INSURANCE COVERAGE.
YOU WILL NEED TO PROVIDE THE FOLLOWING INFORMATION:**

9. Insurance Company _____ Agent Name _____ Phone No. _____

PLEASE NOTE: For non-BFS employees – Would you like to have an electronic funds transfer from your pay?
If yes, ask your employer about ACH transfers and provide them with our ACH routing number: **2412-7324-3**

HELP US HANDLE YOUR REQUEST QUICKLY BY COMPLETING ALL OF THE
ABOVE AND ATTACHED FORMS IN DETAIL. THANK YOU.
CALL US FOR LOAN APPROVAL

FIRESTONE FEDERAL CREDIT UNION – PERSONAL AND CREDIT INFORMATION
 APPLICATION MUST BE COMPLETED IN FULL & SIGNED IN INK. APPLICATION IS VOID AFTER 60 DAYS.

ACCOUNT NUMBER

NAME			HAVE YOU FILED BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES YEAR		
RESIDENCE ADDRESS			IS LITIGATION PENDING AGAINST YOU? <input type="checkbox"/> NO <input type="checkbox"/> YES YEAR		
CITY			HOMEOWNER <input type="checkbox"/> NO <input type="checkbox"/> YES	PURCHASE PRICE	
STATE AND ZIP CODE	COUNTY	BALANCE OWED	ESTIMATED VALUE	YEAR PURCHASED	
TELEPHONE NUMBER	# OF YEARS THERE	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Board	<u>VEHICLE #1 - YEAR</u>	<u>MAKE</u>	<u>MODEL</u>
CELL PHONE NUMBER	E-MAIL ADDRESS		<u>VEHICLE #2 - YEAR</u>	<u>MAKE</u>	<u>MODEL</u>
SOCIAL SECURITY #	BIRTHDATE	# OF DEPENDENTS	NAME OF NEAREST RELATIVE NOT LIVING WITH YOU (REQUIRED)		
PREVIOUS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 2 YEARS)			NAME	ADDRESS	
CITY	STATE AND ZIP CODE	COUNTY	CITY	STATE AND ZIP CODE	COUNTY
CURRENT EMPLOYER (SELF-EMPLOYED MUST DOCUMENT INCOME)			TELEPHONE NUMBER	RELATIONSHIP	
COMPLETE BUSINESS ADDRESS			NAME OF OTHER REFERENCE (REQUIRED)		
TELEPHONE NUMBER	DATE EMPLOYED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	NAME	ADDRESS	
POSITION/JOB TITLE	MONTHLY GROSS INCOME	CITY	STATE AND ZIP CODE	COUNTY	
PREVIOUS EMPLOYER	# OF YEARS THERE	TELEPHONE NUMBER	RELATIONSHIP		
ADDRESS	PREVIOUS MONTHLY INCOME	SAVINGS ACCOUNTS			
OTHER INCOME (EXCLUDE ALIMONY, CHILD SUPPORT AND MAINTENANCE) Please include amount and source of other income	WHERE	BALANCE			
You are not required to disclose income from alimony, child support or maintenance. However, if you would like such income to be considered in connection with this application, please complete the following:	WHERE	BALANCE			
AMOUNT	SOURCE	WHERE	BALANCE		

STATEMENT OF INDEBTEDNESS (BILLS) ON ALL ACCOUNTS, INCLUDING CO-MAKER DEBT. ATTACH LISTING FOR ANY ADDITIONAL BILLS. INCOMPLETE LISTING MAY DELAY PROCESSING. THIS SECTION MUST BE COMPLETED.

DEBT	OWED TO	RATE	CURRENT BALANCE	MONTHLY PMT.	AMOUNT PAST DUE
MORTGAGE/RENT					
2 ND MORTGAGE/HOME EQUITY					
AUTO LOAN					
AUTO LOAN					
CREDIT CARD					
CREDIT CARD					
CREDIT CARD					
STUDENT LOAN					
ALIMONY/CHILD SUPPORT					
OTHER (PLEASE IDENTIFY)					
TOTAL INDEBTEDNESS					

Note: If you have pledged your automobile as security, it must be protected by comprehensive, fire & theft and collision insurance for the duration of the loan. IT IS YOUR RESPONSIBILITY TO SECURE AND MAINTAIN the proper insurance coverage. Instruct your insurance company to send a loss payable clause in favor of Firestone Federal Credit Union.

I hereby state that the above information is true and correct to the best of my knowledge. This information is presented for the purpose of obtaining credit from the Firestone Federal Credit Union. I HAVE NO OTHER DEBTS. I hereby authorize the Firestone Federal Credit Union to make inquiries pertaining to my employment, credit standing and financial responsibility.

X
 SIGNATURE _____ DATE _____ Rev. 01/10