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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!

	Cove	er Sheet Informa	ition		
1. Credit Union Account N	umber				
2. Purpose of loan (if perso	onal, please describe)				-
3. Amount of money need	ed \$	Term of Loai	n (in months)		
4. A separate application	s required for each borro	ower.			
If retired, provide	2 paystubs provide copies of the last proof of retirement incort to be considered in conn	2 years tax retur me. nection with this a	ns.	: have document	ation provided.
Year	Make		Model		_
Mileage	Body Type _				
Name of dealer or private	owner				_
Return a copy of the purch private owner.	ase order if vehicle boug	tht from a dealer	or copy of the ti	tle <i>(cannot be s</i>	alvaged) if from a
8. In whose name will the	· · · · · · · · · · · · · · · · · · ·				
	(this p	person signs the s	ecurity agreeme	nt)	

HELP US HANDLE YOUR REQUEST QUICKLY BY COMPLETING ALL OF THE ABOVE AND ATTACHED FORMS IN DETAIL.

THANK YOU. CALL US FOR LOAN APPROVAL

UPON LOAN APPROVAL, IF YOU ARE OFFERING COLLATERAL YOU ARE REQUIRED TO CARRY FULL INSURANCE COVERAGE LISTING FIRESTONE FEDERAL CREDIT UNION AS LOSS PAYEE. PROOF WILL NEED TO BE PROVIDED BEFORE THE LOAN IS PAID OUT.

## 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 BANKRUPT	CY?	□NO □YES	YEAR
RESIDENCE ADDRESS			IS LITIGATION PENDING AGAINST YOU? NO YES YEAR				
CITY	STATE AND	O ZIP CODE	# OF YEARS THERE				
E-MAIL ADDRESS		☐Own ☐Rent ☐ Board	Vehicle #1-Year Make			Model	
CELL PHONE NUMBER ALTERNAT		E PHONE NUMBER	Vehicle #2-Year Make		Model		
SOCIAL SECURITY #	SECURITY # BIRTHDATE # OF DEPENDENT:		# 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		# OF YEARS THERE	CITY	STATE AND ZIP CODE		COUNTY
CURRENT EMPLOYER			TELEPHONE NUMBER		RELATIONSHIP		
COMPLETE BUSINESS A	DDRESS			<u>NAME</u>	OF OTHER R	EFERENCE (REQUI	RED)
COMPLETE BUSINESS A TELEPHONE NUMBER	DDRESS  DATE EMI	PLOYED	RETIRED OTHER	NAME NAME		I EEFERENCE (REQUI ADDRESS	RED)
		PLOYED	RETIRED OTHER				RED)
							COUNTY
TELEPHONE NUMBER		MON	FULL TIME   PART	NAME		ADDRESS	
TELEPHONE NUMBER POSITION/JOB TITLE		MON # OF	FULL TIME PART THLY GROSS INCOME	NAME	STATE AN	ADDRESS D ZIP CODE	
TELEPHONE NUMBER  POSITION/JOB TITLE  PREVIOUS EMPLOYER		MON # OF	FULL TIME PART THLY GROSS INCOME YEARS THERE	NAME	STATE AN	ADDRESS  D ZIP CODE  RELATIONSHIP	
POSITION/JOB TITLE PREVIOUS EMPLOYER ADDRESS		MON # OF	FULL TIME PART THLY GROSS INCOME YEARS THERE	NAME  CITY  TELEPHONE NUMBER	STATE AN	ADDRESS D ZIP CODE RELATIONSHIP S ACCOUNTS	
POSITION/JOB TITLE PREVIOUS EMPLOYER ADDRESS OTHER INCOME		MON # OF	FULL TIME PART THLY GROSS INCOME YEARS THERE	NAME  CITY  TELEPHONE NUMBER  WHERE	STATE AN	D ZIP CODE  RELATIONSHIP S ACCOUNTS  BALANCE	

PROCESSING. THIS SECTION MUST BE COMPLETED.

DEBT	OWED TO	RATE	CURRENT BALANCE	MONTHLY PMT.	AMOUNT PAST DUE
MORTGAGE/RENT					
2 <sup>ND</sup> MORTGAGE/HOME EQUITY					
AUTO LOAN					
AUTO LOAN					
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.

"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."