



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.**

**Please Note: We CAN NOT begin to process your application UNTIL we receive your paystubs!**

**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

## COVERED BORROWER IDENTIFICATION STATEMENT

Federal law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.

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*(Signature of covered borrower)*

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

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*(Signature of dependent of a covered member)*

—OR—

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependent of such a member).

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*(Signature of non-covered borrower)*

*Warning: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime.*

## MAPR STATEMENT

Federal law provides important protections to members of the Armed Forces and their dependents relating to extensions of consumer credit. In general, the cost of consumer credit to a member of the Armed Forces and his or her dependent may not exceed an annual percentage rate of 36 percent. This rate must include, as applicable to the credit transaction or account: The costs associated with credit insurance premiums; fees for ancillary products sold in connection with the credit transaction; any application fee charged (other than certain application fees for specified credit transactions or accounts); and any participation fee charged (other than certain participation fees for a credit card account).

**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		
RESIDENCE ADDRESS			HOMEOWNER <input type="checkbox"/> NO <input type="checkbox"/> YES PURCHASE PRICE		
CITY	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	<b>NAME OF NEAREST RELATIVE NOT LIVING WITH YOU (REQUIRED)</b>		
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			<b>NAME OF OTHER REFERENCE (REQUIRED)</b>		
TELEPHONE NUMBER	DATE EMPLOYED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	NAME ADDRESS		
POSITION/JOB TITLE		MONTHLY <u>GROSS</u> INCOME	CITY	STATE AND ZIP CODE	COUNTY
PREVIOUS EMPLOYER		# OF YEARS THERE	TELEPHONE NUMBER RELATIONSHIP		
ADDRESS		PREVIOUS MONTHLY INCOME	<b>SAVINGS ACCOUNTS</b>		
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 <sup>ND</sup> MORTGAGE/HOME EQUITY					
AUTO LOAN					
AUTO LOAN					
CREDIT CARD					
CREDIT CARD					
STUDENT LOAN					
ALIMONY/CHILD SUPPORT					
OTHER (PLEASE IDENTIFY)					
<b>TOTAL INDEBTEDNESS</b>					

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.”

**X**  
SIGNATURE

DATE

Rev. 02/13