



7 Widger Rd., Marblehead, MA 01945  
781-631-7356 • Fax: 781-639-8717

# CREDIT LINE ACCOUNT AND PERSONAL LOAN APPLICATION

ACCOUNT NUMBER – APPLICANT	ACCOUNT NUMBER – CO-APPLICANT	DATE
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<b>Applicant Information</b> PRINT OR TYPE ALL INFORMATION <b>1. If You live in a community property state, are You:</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes Single, Divorced and Widowed)  <b>2. Married applicants can apply for individual credit.</b> Indicate if You would like: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit with Your Spouse/Co-Applicant  <b>3. Method of Payment:</b> <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Automatic Share Transfer <input type="checkbox"/> Cash Payment	<b>Spouse/Co-Applicant Information</b> <b>4. Complete Spouse/Co-Applicant Information only if:</b> a. This is for joint credit with Your Spouse or other Co-Applicant; b. Your Spouse will use Your Account; c. You are relying on Your Spouse's income as a source of repayment for the credit requested; or d. You live in a community property state: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin (or Puerto Rico).  <b>5. Definitions:</b> Whenever used in this application, the words "You" and "Your" refer to the Applicant(s) or Spouse/Co-Applicant and the words "We," "Us," and "Our" refer to the Lender.
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<b>Credit Applied For:</b>	
Type of credit _____	Amount Requested \$ _____
Purpose _____	Collateral Offered _____

<input type="checkbox"/> <b>APPLICANT</b>				<input type="checkbox"/> <b>CO-SIGNER/GUARANTOR</b>			
FIRST NAME		INITIAL	LAST NAME		SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS			APT. NO.	YEARS THERE			
CITY		STATE	ZIP		EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)					YEARS THERE		
DO YOU:	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS				
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER							
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU							

<b>SPOUSE/CO-APPLICANT</b>							
FIRST NAME		INITIAL	LAST NAME		SOCIAL SECURITY NUMBER		BIRTHDATE
CURRENT STREET ADDRESS			APT. NO.	YEARS THERE			
CITY		STATE	ZIP		EMAIL ADDRESS		
FORMER ADDRESS (COMPLETE IF PREVIOUS ADDRESS IS LESS THAN 2 YEARS)					YEARS THERE		
DO YOU:	HOME TELEPHONE	NO. OF DEP.	AGES OF DEPENDENTS				
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER							
NAME, ADDRESS AND TELEPHONE OF NEAREST RELATIVE NOT LIVING WITH YOU							

<b>EMPLOYMENT AND INCOME</b> If self-employed, attach financial statement or income tax returns.			
CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)			EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		SUPERVISOR'S NAME	
WORK TELEPHONE	POSITION	MO. GROSS INCOME	
FORMER EMPLOYER	POSITION	YEARS THERE	

CURRENT EMPLOYER (INCLUDE EMPLOYEE I.D. IF APPLICABLE)			EMPLOYMENT DATE
ADDRESS/CITY/STATE/ZIP		SUPERVISOR'S NAME	
WORK TELEPHONE	POSITION	MO. GROSS INCOME	
FORMER EMPLOYER	POSITION	YEARS THERE	

<b>OTHER INCOME</b> You need not list income from alimony, child support or separate maintenance payments unless You want it considered in evaluating this credit application.	
TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

TYPE OF OTHER INCOME	MONTHLY AMOUNT
NAME AND ADDRESS OF PAYER	

<b>ASSETS AND DEPOSITS</b> Attach a separate sheet if necessary.		
DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

DESCRIPTION	ACCOUNT NUMBER/TYPE	BALANCE/VALUE

