

<b>APPLICATION FOR CREDIT - INDIVIDUAL</b>			
<b>APPLICANT INFORMATION</b>			
Full name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Monthly payment or rent:	How long?	
Are you married? Yes <input type="checkbox"/> No <input type="checkbox"/> Separated <input type="checkbox"/>		Spouse name:	
Spouse DOB:	Spouse employer:		
<b>EMPLOYMENT INFORMATION</b>			
Current employer:			
Employer address:		How long?	
City:	State:	ZIP Code:	
Phone:	E-mail:		
Position:	Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Annual income:	
If farmer/rancher, please provide the following information:			
Operation: Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Hogs <input type="checkbox"/> Grain <input type="checkbox"/> Other <input type="checkbox"/>		Other income:	
No. of Acres:	Do you own? Yes <input type="checkbox"/> No <input type="checkbox"/>	Mortgage Holder:	
Previous employer:			
Address:		How long?	
City:	State:	ZIP Code:	
Phone:	E-mail:		
<b>ADDITIONAL INFORMATION</b>			
Name of relative not residing with you:		Relationship:	
Address:		Phone:	
City:	State:	ZIP Code:	
<b>BANKING INFORMATION</b>			
Primary Financial Institution:		City & State:	
Type of Accounts: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Auto <input type="checkbox"/> Personal Loans <input type="checkbox"/> Credit Cards <input type="checkbox"/> Mortgage			
<b>MISCELLANEOUS INFORMATION</b>			
Purpose of Account: <input type="checkbox"/> Heating Fuel/Propane <input type="checkbox"/> Gas/C-Store Purchases <input type="checkbox"/> Agricultural Products			
Maximum Credit Limit Applying for: \$			
The above information is for the purpose of obtaining credit and is warranted to be true. I/We agree to pay all bills upon receipt of statement or as otherwise expressly agreed. I/We authorize Envision Cooperative to verify the information provided on this form as to my credit and employment history.			
Signature of applicant			Date
Signature of spouse			Date