BiMart Federal Credit Union
645 S. Seneca • P.O. Box 2764 • Eugene, OR 97402

IF APPLICATION IS FAXED TO CU, PLEASE MAIL ORIGINAL

MARRIED APPLICANTS MAY APPLY FOR INDIVIDUAL CREDIT. COMPLETE SPOUSAL INFORMATION ONLY IF YOU ARE A RESIDENT OF, OR ARE RELYING ON INCOME OR PROPERTY FROM A COMMUNITY PROPERTY STATE (CA. AZ. ID. NV. LA. WA. WI. NM. TX.) OR IF APPLYING FOR JOINT CREDIT WITH SPOUSE.
COMPLETE MARITAL STATUS IF APPLYING FOR SECURED CREDIT OR IF A RESIDENT OF A COMMUNITY PROPERTY STATE.

TYPE OF ACCOUNT : ☐ INDIVIDUAL ☐ JOINT WITH SPOUSE ☐ JOINT WITH NON-SPOUSAL CO-APPLICANT (SEPARATE APPLICATION REQUIRED)

PAYMENT PLAN REQUESTED

MY ACCOUNT NUMBER	AMOUNT REQUESTED	NO OF MONTHS	MONTHLY PAYMENT	MY FIRST PAYMENT DUE ON

☐ CASH PAYMENTS
☐ PAYROLL DEDUCTION
☐ DIRECT DEPOSIT

PURPOSE OF LOAN: _____

LOAN TYPE
☐ A SIGNATURE LOAN
☐ A LINE OF CREDIT WITH A LIMIT OF $ _____
☐ AUTO LOAN. FULL PURCHASE PRICE $ _____
☐ OTHER: SECURITY _____

DESCRIBE AUTO OR OTHER COLLATERAL

YEAR MAKE & MODEL # OF CYL. SERIAL NO. (VIN)

LICENSE PLATE NUMBER AND STATE MILEAGE COLOR

☐ AUTO TRANS ☐ PWR STEER ☐ AIR ☐ PWR WINDOWS ☐ PWR LOCKS ☐ TILT ☐ CRUISE ☐ CASSETTE ☐ LEATHER
☐ SUNROOF (_FLIPUP _SLIDING) ☐ PWR SEAT (_SINGLE _DUAL) ☐ ABS ☐ ALLOY WHEELS ☐ 4WD

Include Purchase Order from Dealer or if Private Party Name of Seller;

If Seller Owes Money on Vehicle, Name of Creditor:

Insurance Company	Agent's Name	Phone Number

OPTIONAL CREDIT INSURANCE: Low cost credit life insurance and credit disability insurance are available through the credit union. This coverage is optional and is not a condition of obtaining credit. Please indicate below if you are interested in obtaining this coverage.

☐ YES. I request optional credit life insurance at the cost disclosed in the "Insurance Information" insert.
☐ YES. I request optional credit disability insurance at the cost disclosed in the "Insurance Information" insert.
☐ NO. I do not want any additional coverage and waive my right to this insurance.

Borrower's Signature	Date
X	

PRIMARY APPLICANT

☐ MARRIED ☐ SEPARATED ☐ UNMARRIED	LAST NAME	FIRST NAME	INITIAL		HOME PHONE NUMBER ( )
PRESENT STREET ADDRESS	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	E-MAIL ADDRESS
NO. OF DEPENDENTS OTHER THAN SELF AND SPOUSE	AGES OF DEPENDENTS	DRIVER'S LICENSE NO. & STATE		DATE OF BIRTH	SOCIAL SECURITY NUMBER
PREVIOUS STREET ADDRESS (IF LESS THAN 2 YEARS AT ABOVE ADDRESS)	CITY		STATE	ZIP	HOW LONG? YRS. MOS.
PRESENT EMPLOYER'S NAME AND COMPLETE ADDRESS		BI-MART STORE #	DATE HIRED (Mo/Yr)	GROSS PAY $ PER	WORK PHONE & EXTENSION ( )
OCCUPATION OR JOB DESCRIPTION	PREVIOUS EMPLOYER'S NAME AND COMPLETE ADDRESS (IF LESS THAN 2 YEARS AT PRESENT EMPLOYMENT)				EMPLOYED FROM - TO
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	COMPLETE ADDRESS (STREET, CITY, STATE , ZIP)			RELATIONSHIP	HOME PHONE
SOMEONE OTHER THAN ABOVE WHO WILL ALWAYS KNOW HOW TO REACH YOU (FULL NAME & ADDRESS)					HOME PHONE

CO-APPLICANT (Separate application required from co-applicant other than spouse or dependent child living with you or in school)

☐ MARRIED ☐ SEPARATED ☐ UNMARRIED	LAST NAME	FIRST NAME	INITIAL		HOME PHONE NUMBER ( )
PRESENT STREET ADDRESS	CITY	STATE	ZIP	HOW LONG? YRS. MOS.	E-MAIL ADDRESS
NO. OF DEPENDENTS OTHER THAN SELF AND SPOUSE	AGES OF DEPENDENTS	DRIVER'S LICENSE NO. & STATE		DATE OF BIRTH	SOCIAL SECURITY NUMBER
PREVIOUS STREET ADDRESS (IF LESS THAN 2 YEARS AT ABOVE ADDRESS)	CITY		STATE	ZIP	HOW LONG? YRS. MOS.
PRESENT EMPLOYER'S NAME AND COMPLETE ADDRESS			DATE HIRED (Mo/Yr)	GROSS PAY $ PER	WORK PHONE & EXTENSION ( )
OCCUPATION OR JOB DESCRIPTION	PREVIOUS EMPLOYER'S NAME AND COMPLETE ADDRESS (IF LESS THAN 2 YEARS AT PRESENT EMPLOYMENT)				EMPLOYED FROM - TO
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	COMPLETE ADDRESS (STREET, CITY, STATE , ZIP)			RELATIONSHIP	HOME PHONE

OTHER INCOME **DO NOT LIST ALIMONY, CHILD OR SPOUSAL SUPPORT OR SEPARATE MAINTENANCE PAYMENTS UNLESS YOU WISH THEM CONSIDERED AS INCOME.**

SOURCE OF OTHER INCOME (INCOME PROPERTY, INVESTMENTS, RETIREMENT, SOCIAL SECURITY, CERTIFICATES OF DEPOSIT, ETC.)	MONTHLY INCOME
	$

PRIMARY FINANCIAL INSTITUTION	TAX APPRAISED VALUE OF HOME	TAX APPRAISED VALUE/OTHER
	$	$

OBLIGATIONS: Please list all existing Debts and Obligations of all Applicants. Include all loans, credit cards, mortgages, alimony or child support payments.

NAME OF CREDITOR	ORIGINAL AMOUNT OR CREDIT LIMIT	CURRENT BALANCE	MONTHLY PAYMENT
☐ Buying ☐ Own Home ☐ Renting ☐ Other	$	$	$
Second Mortgage or Trust Deed			
Auto: Yr/Make/Model: ☐ Owned ☐ Financed By:			
Average Monthly Utility Bills Including Phone			
401K Loan			
Other Loans (Other Mortgages, Installment Accounts, Lines of Credit, Credit Cards, etc.) Attach additional sheets if needed			
Monthly Total of Child Support, Alimony or Maintenance Payments and/or Child Care			
		TOTAL MONTHLY OBLIGATIONS	$

THE FOLLOWING QUESTIONS APPLY TO BOTH APPLICANT AND SPOUSE OR OTHER CO-APPLICANT	APPLICANT		CO-APPLICANT		PLEASE USE THE AREA BELOW FOR ANY EXPLANATION OR TO PROVIDE ANY ADDITIONAL INFORMATION YOU WISH.
	YES	NO	YES	NO	
HAVE YOU EVER HAD COLLATERAL REPOSSESSED ?					
HAVE YOU DECLARED ANY FORM OF BANKRUPTCY IN THE LAST TEN (10) YEARS?					
HAVE YOU HAD PROPERTY FORECLOSED ON OR GIVEN TITLE OR DEED IN LIEU THEREOF IN THE LAST 7 YEARS ?					
ARE THERE ANY SUITS, JUDGMENTS OR IRS LIENS AGAINST YOU?					
ARE YOU A PERMANENT RESIDENT OF THE USA ? IF NOT, DESCRIBE YOUR STATUS.					
IS YOUR INCOME LIKELY TO REDUCE IN THE NEXT 2 YEARS ?					
ARE YOU A CO-SIGNER ON ANOTHER PERSON'S LOAN ? IF SO, FOR WHOM ?					

PLEASE READ BEFORE SIGNING: The terms "you", "your" and "yours", where contained below, apply to all applicants for credit.

You are submitting this application to the Credit Union for the purpose of obtaining the credit described on the reverse side. You certify under penalty of perjury that this application is true and complete and accurately represents your present financial condition. The Credit Union may verify this information from whichever sources it deems necessary, and may, now and in the future, provide others with information regarding your credit history with the Credit Union, to the extent permitted by law. This application remains the property of the Credit Union even if credit is denied.

You acknowledge receipt of a copy of the "Insurance Information" insert received with this application. Upon approval, you will receive a copy of the Open End Agreement and Disclosure, and you promise to repay all monies borrowed pursuant to that Agreement. If you have been approved for a closed end loan, your signature(s) will be required on the Note and Disclosure Statement you will receive from the Credit Union. Your signature(s) on the Dealer's Purchase Order (for vehicles purchased from a dealer), and/or your endorsement or negotiation of the proceeds checks evidencing any advance will further certify your agreement to be bound by the terms and conditions of the applicable loan agreement.

If you have requested joint credit with your spouse/co-applicant, you understand and agree that all applicable agreements shall be binding on both of you, jointly and severally.

PLEASE SUBMIT PROOF OF INCOME (COPY OF PAYROLL SLIP OR, IF SELF EMPLOYED OR ON COMMISSION, A FINANCIAL STATEMENT AND MOST RECENT TAX RETURN)

PRIMARY APPLICANT	DATE	SPOUSE/CO-APPLICANT	DATE
X		X	