

PO Box 100167, Columbia SC 29202 office: 803-978-2101 fax: 803-704-1008 email: info@phcu.org www.palmettohealthcu.org

	•						EXPRESS Application
	ME	MBER/	'BORROWE	ER			
Last Name				First Name			Middle
Date of Birth Last 4 of SSN			Primary Phone		Work Phone		
Place of Employment				Job Title		Years Employed	
Bi-Weekly	Monthly	Yearly	Other Income	e Amount & Source (if a	& Source (if applicable)**		
Own/ Rent/Live with Others			ayment Years at Residence		ce		
Loan Amount Requested			Loan Purpose			Member Number	
COLLATERA	I OR PI	IRCHAS	F INE∩RMA	TION (IE AVAILA)	RI F)		
Model			Mileage		· · · · · · · · · · · · · · · · · · ·		Purchase Price
Vehicle ID (VIN):			Loan Applicat	Loan Application Processed by: Date:			Date:
THORIZATIO	ON, CER	TIFICAT	ION, CONS	ENT AND AGREI	EMENT		
and address should be address should be addressed, guarant bunt(s) / services and adjustment or adjustment or adjustment or adjustment or adjustment or adjustment or adjustment of the credit Union at the beineligible any false or misliproperty whether	CONS own herein and you fu applicatio or, co-sign s / loan(s) in related to t of credit I rning any a may report e for any se eading sta er or not th	is your legather under under under under under under under under undicated. En this Application in the accounts with the under	ND AGREEM gal name and the restand that any cooral, written, or other party significated applicant cocation; or to male dition, all application to concerning the other application your application is application is application is application.	ENT place of your residence changes in this address through a FAX machin ng above, (together he consents that the Credit ace inquiry or verify eligi cants authorize us to ma cons and your credit his ons and your credit his eir account(s).services onts. This includes, but is may cause any loan to proved.	ce, and such must be sure, is true are rein referred Union may bility for an ake inquiry tory, incluots on thers; as not limited be in defa	ubmitted nd corre- ed to as ' underta ny accou to deter ding any and that d to info ault. You	to us in writing to ct to the best of "applicant(s)") ake to make nt(s), loan(s) and mine your credit reports. we may provide ormation in any agree that this
Fin of the final in the final i	Bi-Weekly Bi-Weekly Bi-Weekly THORIZATIO and address shous Application, ing stated in this provided in the property whether the provided in the property whether the provided in the property whether the provided in the property whether the	Last 4 of SSN Bi-Weekly Monthly Bi-Weekly Monthly COLLATERAL OR PU Model Vehice THORIZATION, CER CON: and address shown herein his Application, and you fu ng stated in this application orized, guarantor, co-sign ount(s) / services / loan(s) i his or in any way related to ding adjustment of credit I formation concerning any a ne Credit Unligible for any se any false or misleading sta any false or misleading sta any from the control of the control	Bi-Weekly Monthly Yearly Bi-Weekly Monthly Yearly Monthly Loan Pur COLLATERAL OR PURCHAS Model Vehicle Type THORIZATION, CERTIFICAT CONSENT An and address shown herein is your leg his Application, and you further unde ing stated in this application, whether norized, guarantor, co-signer user or o ount(s) / services / loan(s) indicated. E his or in any way related to this Appli ding adjustment of credit limits. In ac formation concerning any accounts we here Credit Union may report information to to be ineligible for any services to the any false or whether or not this Credit A	MEMBER/BORROWE First Name Last 4 of SSN	MEMBER/BORROWER First Name Job Title	MEMBER/BORROWER First Name Job Title	MEMBER/BORROWER First Name

AUTHORIZED SIGNATURE

BY SIGNING BELOWYOU ACKNOWLEDGE AND AGREE TO ALL TERMS, CERTIFICATIONS AND REPRESENTATIONS BY YOU MADE HEREIN.

Revised: 2016 03		
_	Borrower Signature	Date

