

Codington-Clark Electric Cooperative Inc.

**Credit Application**

**About Yourself**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Own Rent \_\_\_\_\_ Payment - Monthly / Annually \$ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Name of Nearest Relative Not Living With You: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**About Your Work**

Current Employer: \_\_\_\_\_ How Long: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Monthly Wage / Salary: \$ \_\_\_\_\_

**Your Income**

Annual Income from Work: \$ \_\_\_\_\_

Annual Other Income (Optional if from alimony, child support or maintenance payments.): \$ \_\_\_\_\_

**Your References** (List banks, stores, charge cards, etc., where you have accounts.)

	Account With	Address	Account Number	Balance	Monthly Payment
Checking					
Savings					
Mortgage					
Auto Loan					
Credit Account					
Credit Account					
Credit Account					

**Added Person** (Complete only if you plan to rely on this person's income for repayment.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

**Loan Amount and Purpose**

Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

The above information is correct and is given for the purpose of obtaining credit. The cooperative is authorized to verify this information and to obtain additional information in reviewing this credit request.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_ Additional Person's Signature: \_\_\_\_\_  
(Required if joint application)