

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)