

# St. Cletus Credit Union

## Credit Application

Please print clearly. Completing this form does not guarantee approval.

Loan Amount \_\_\_\_\_ Purpose / Reason \_\_\_\_\_

Visa Classic \_\_\_\_ Visa Platinum \_\_\_\_ Limit Requested \_\_\_\_\_

If approved for a Visa program other than the one selected, do you agree to accept the program you qualify for? Yes \_\_ No \_\_

Name \_\_\_\_\_ Account # \_\_\_\_\_

Complete Address \_\_\_\_\_

Daytime phone # \_\_\_\_\_ DL# \_\_\_\_\_

Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_

Hire Date \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

\_\_\_\_\_

Please read and sign below.

Signing this application authorizes St. Cletus Credit Union to check your credit history.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint applicants need to complete a separate application.

For Visa disclosure and fees information please see the "Fees and Charges" page on our web site.

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