

**Broad River Electric Cooperative, Inc.
CREDIT APPLICATION**

About Yourself

ACCOUNT NUMBER

FIRST NAME		MIDDLE INITIAL	LAST NAME		
STREET ADDRESS		OWN <input type="checkbox"/> RENT <input type="checkbox"/>	MOBILE HOME LOT OWN <input type="checkbox"/> RENT <input type="checkbox"/>	HOMEOWNERS YES <input type="checkbox"/> INSURANCE NO <input type="checkbox"/>	MONTHLY PAYMENT \$
CITY		STATE	ZIP	HOW LONG?	HOME PHONE
FORMER ADDRESS		CITY	STATE	ZIP	HOW LONG?
DATE OF BIRTH	NUMBER OF DEPENDENTS	SOCIAL SECURITY NUMBER		DRIVER'S LICENCE NUMBER	
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU				RELATIONSHIP	
ADDRESS		CITY		STATE	ZIP

About Your Work

CURRENT EMPLOYER		HOW LONG?	POSITION	MONTHLY SALARY \$
ADDRESS		CITY		
BUS. PHONE	PREVIOUS EMPLOYER		HOW LONG?	
ADDRESS		CITY		STATE ZIP
OTHER SOURCE OF INCOME (OPTIONAL IF DERIVED FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS)				MONTHLY AMOUNT \$

Your References (LIST BANKS, STORES, CREDIT CARDS, ETC. WHERE YOU HAVE ACCOUNTS. LIST ACCOUNTS ON ADDITIONAL SHEET OF PAPER IF NECESSARY.)

	ACCOUNT WITH	ADDRESS	ACCOUNT #	BALANCE	MONTHLY PMT
CHECKING					
SAVINGS					
MORTGAGE					
AUTO LOAN					
CREDIT ACCT #1					
CREDIT ACCT #2					
CREDIT ACCT #3					
CREDIT ACCT #4					

An Additional Person

COMPLETE ONLY IF YOU WISH TO RELY ON THIS PERSON'S INCOME FOR REPAYMENT, OR THE "OTHER INCOME" ABOVE IS DERIVED FROM THIS PERSON AS ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS. **PLEASE CHECK ONE.**

NAME	RELATIONSHIP	SOCIAL SECURITY #	MONTHLY INCOME
CURRENT EMPLOYER	HOW LONG?	EMPLOYERS ADDRESS	MONTHLY EXPENSE
OCCUPATION			

Loan Amount And Purpose

AMOUNT \$	PURPOSE
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THE ABOVE INFORMATION IS CORRECT AND IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT. BROAD RIVER ELECTRIC COOPERATIVE IS AUTHORIZED TO VERIFY THIS INFORMATION AND TO OBTAIN ADDITIONAL INFORMATION IN REVIEWING THIS CREDIT REQUEST. IF REQUESTED, APPLICANT AGREES TO PROVIDE ANY ADDITIONAL AUTHORIZATION NECESSARY TO ENABLE THE CO-OP TO PROCURE COPIES AND INFORMATION WHICH IT DEEMS PERTINENT WITH RESPECT TO THE LISTED REFERENCES AND ACCOUNTS. **BOTH SIGNATURES ARE REQUIRED FOR A JOINT APPLICATION.**

DATE

APPLICANTS SIGNATURE

DATE

CO-APPLICANTS SIGNATURE