

AAEC LOAN APPLICATION

By submitting this application, you certify all statements made are true and complete. You authorize the credit union to obtain any information necessary to process this request, including a credit report and understand that rates and terms are subject to change. Please complete the entire application. Incomplete info will delay processing. Email or fax application to AAEC.

AAEC Acct # _____ Applicant Name _____ Ph # _____

Social Security # _____ Birthdate _____ Email _____

Address _____ City/St/Zip _____ Yrs There _____

Do you Own Rent. If you Own, do you have a mortgage or no mortgage. If Rent, monthly amt \$ _____

Employer _____ Work # _____ Mo/Yr Start Date _____

Position _____ Gross (before taxes) Annual Income \$ _____

Additional income source _____ Gross (before taxes) Annual Income \$ _____

Additional income source _____ Gross (before taxes) Annual Income \$ _____

Debtor _____ Debt type _____ Mo. Pymt \$ _____

Debtor _____ Debt type _____ Mo. Pymt \$ _____

X _____

Applicant Signature

Date Signed

LOAN TYPE

Auto/Boat/RV Personal Bill Consolidation (credit cards only) Tuition Share Secured

Amt Requested \$ _____ Loan Purpose _____

IF AUTO/BOAT/RV: Is it a Purchase Refinance Lease Buyout Title as collateral for cash out

Vin # _____ Year _____ Make _____

Model _____ Style _____ Mileage _____ Purch. Only: dealer or private party

COSIGNER INFO

AAEC Acct # _____ Cosigner Name _____ Ph # _____

Social Security # _____ Birthdate _____ Email _____

Address _____ City/St/Zip _____ Yrs There _____

Do you Own Rent. If you Own, do you have a mortgage or no mortgage. If Rent, monthly amt \$ _____

Employer _____ Work # _____ Mo/Yr Start Date _____

Position _____ Gross (before taxes) Annual Income \$ _____

Additional income source _____ Gross (before taxes) Annual Income \$ _____

Additional income source _____ Gross (before taxes) Annual Income \$ _____

Debtor _____ Debt type _____ Mo. Pymt \$ _____

Debtor _____ Debt type _____ Mo. Pymt \$ _____

Relationship to Applicant _____ X _____

Cosigner Signature

Date Signed

AAEC Credit Union, 1104 S Arlington Heights Rd, Arlington Heights, IL 60005, Ph: 847-392-1922 Fax: 847-392-1926 Email: office@aaeccu.com

Staff _____ Date _____ Time _____

Notes: