Begins

NOVEMBER 1ST

Ends Dec. 20th



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Ends Dec. 20th

Is Dec. 20th HOLIDAY LOAN SPECIAL

#1. SELECT the AMOUNT/TERM/PAYMENT ***SUBMIT WITH MOST RECENT PAYSTUBS***

	□ \$1,500.00					DR □ \$2,500.00					
	Term APR Mo. Pa			avment	Term			APR Mo. Payment			
	□ 12 month	8.30%		2.00			12 month	8.30%		218.00	
	□ 9 month	7.90%	-	3.00			9 month	7.90%	•	288.00	
	□ 6 month	6.40%		6.00			6 month	6.40%	\$4	25.00	
1	#2. SELECT ONE: DE-SIGN - OR - DSIGN IN PERSON										
,	IF E-SIGN	IING:	□ MAIL C	HECK -	□ DEPOSIT TO OLIVE VIEW ACCOUNT						
		SUBN	APPLIC	CATION BY I	EMAIL,	MAIL O	R DROP OF F	IN PERS	ON		
	E-MAIL: oliveview@i-lovemycreditunion.com MAIL: PO BOX 923071, SYLMAR, CA 91392										
_	PAYMENT PROTECTION Are you interested in having your loan protected? YES NO										
If you answer "YES", the credit union will disclose the cost to protect your loan. The protection is voluntary and does not affect your loan approval. In order for your loan to be covered, you will need to sign a separate application that explains the terms and conditions. **If adding insurance, payments are subject to change.**											
/APPLICANT						OTHER CO-APPLICANT SPOUSE					
NAME (Last - First - Initial)						NAME (Last - First - Initial)					
ACCO	DUNT NUMBER			ACCOUNT NUMBER SOCIAL SECURITY NUMBER							
**											
BIRTH DATE: EMAIL ADDRESS						BIRTH DATE: EMAIL ADDRES			PRESS	ESS	
HOME PHONE CELL PHONE B			ISINESS PHONE / EX	ιт.	HOME PHONE CELL PHO		CELL PHONE	BUSINESS PHONE / EXT.			
DRIVER'S LICENSE NUMBER / STATE						DRIVER'S LICENSE NUMBER / STATE					
PRESENT ADDRESS (Street - City - State - Zip)						PRESENT ADDRESS (Street - City - State - Zip)					
			Amount Paid: \$		Amount Pai			Amount Paid: \$			
LENGTH AT RESIDENCE:						LENGTH AT RESIDENCE					
COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:						COMPLETE FOR JOINT CREDIT, SECURED CREDIT OR IF YOU LIVE IN A COMMUNITY PROPERTY STATE:					
MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)						MARRIED SEPARATED UNMARRIED (Single - Divorced - Widowed)					
FEMPLOYMENT / INCOME EMPLOYMENT / INCOME										T DATE:	
NAME AND ADDRESS OF EMPLOYER TITLE / GRADE						NAME AND ADDRESS OF EMPLOYER TITLE / GRADE					
NAME AND ADDRESS OF EMPLOYER IIILE / GRADE					NAME AND ADDRESS OF EMPLOY		1	IIILE / GRADE			
EMPLOYMENT INCOME PER OTHER MONTHL			INCOME SOLI	OME SOURCE EMPLOYMENT INCO		INCOME PER	COME PER		OTHER MONTHLY INCOME SOURCE		
\$					\$			\$	0001102		
REFERENCE						REFERENCE					
NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU						NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU					
										1	
RELATIONSHIP				HOME PHON	ΙE	RELATIONSHIP			HOME PHONE		
SIGNATURES											
By signing or otherwise authenticating below: You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are an important changes you will notify us in writing immediately. You authorize the Credit Union to obtain credit reports in connection with this application for credit and for any update, increase, renewal, extension, or collection of the credit received. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a											
	dit report on you. It is a crime to willfully and deliberately provide incomplete or incorrect information in this application. Applicant's Signature Date					Applicant's Signature				Date	
v					(a						
X (Seal)						X (Seal)					