



NEBO CU

Payson Branch
201 East 100 North
Payson, UT 84651
(801) 465-1200
Fax: (801) 465-2006

Spanish Fork Branch
463 East 1000 North
Spanish Fork, UT 84660
(801) 794-3679
Fax: (801) 794-3685

Springville Branch
560 North Main
Springville, UT 84663
(801) 489-3679
Fax: (801) 489-7033

LOAN APPLICATION

Loan Type: _____		Credit Card _____	
Individual Credit	Joint Credit (initial at right) _____	Individual Credit	Joint Credit (initial at right) _____
Amount Requested: \$ _____		Requested Limit: \$ _____	
Applicant		Co-Applicant	
Loan Purpose / Description: _____			

Note: Complete the right-hand portion of the application if another person will be permitted to use the account, or if you are relying on income or assets of another person as a basis for repayment. If you are married and reside in a community property state (AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI), provide information about your spouse.

APPLICANT		
Account No./Member ID		
Name (Last, First, MI)		Mother's Maiden Name
Social Security Number		Date of Birth
Driver's License		Ages of Dependents
Home Phone	Work Phone	Cell Phone
Email address		
Current Address		
Current Address		Length at Residence
.....		Rent/Own?
City	State	ZIP
Previous Address		
Previous Address		Length at Address
.....		Rent/Own?
City	State	ZIP
Employment/Income		
Current Employer		
Address		Start Date
.....		Title
.....		Supervisor
Gross Income	Paid per:	Hours
Self Employment Type		
Other Income 1	Paid per:	Source
Other Income 2	Paid per:	Source
Other Income 3	Paid per:	Source
Other Income 4	Paid per:	Source
Military Transfer	Where	When
Previous Employment		
Previous Employer		
Address		Start Date
.....		End Date
.....		

CO-APPLICANT		
Account No./Member ID		
Name (Last, First, MI)		Mother's Maiden Name
Social Security Number		Date of Birth
Driver's License		Ages of Dependents
Home Phone	Work Phone	Cell Phone
Email address		
Current Address		
Current Address		Length at Residence
.....		Rent/Own?
City	State	ZIP
Previous Address		
Previous Address		Length at Address
.....		Rent/Own?
City	State	ZIP
Employment/Income		
Current Employer		
Address		Start Date
.....		Title
.....		Supervisor
Gross Income	Paid per:	Hours
Self Employment Type		
Other Income 1	Paid per:	Source
Other Income 2	Paid per:	Source
Other Income 3	Paid per:	Source
Other Income 4	Paid per:	Source
Military Transfer	Where	When
Previous Employment		
Previous Employer		
Address		Start Date
.....		End Date
.....		

