

**Benton Rural Electric Association
Heating & Cooling Equipment Loan Application**

Last Name	First	Middle Name	Estimated amount of loan funds needed \$ _____
Your Address			
City, State & Zip			
Soc. Sec. No.		Date of Birth	
Employer's Name			
Employer's Address		Income	Work Phone
City, State & Zip		How Long Employed	Position
Name & Branch of Bank			<input type="checkbox"/> Own Home
Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Rent
		<input type="checkbox"/> Loan	

Are you married? Yes No

Information about Co-Applicant must be completed if Co-Applicant will be contractually liable, or if the Applicant is relying upon Co-Applicant income or community property for credit worthiness.

Co-Applicant's Full Name	Date of Birth	Address	City	State	Soc. Sec. No.
Co-Applicant's Employer		How Long Employed	Income		Work Phone
Co-Applicant's Employer Address			City	State	

Other Income: (You may include child support or alimony if you wish such income considered.)

Source: Name and Address	\$ Amount:
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Please list all of your current debts:

Name of firm granting credit	Address	Name Account Listed In	Account No.	Balance	Mo/Payment

I hereby authorize the person to whom this application is made, or any credit bureau or other investigative agency employed by such person, to investigate any references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. The above information is for the purpose of obtaining a loan from the Benton Rural Electric Association and is warranted to be true. I agree to pay Benton Rural Electric Association upon receipt of invoice or as otherwise expressly agreed. I understand that, if I am delinquent with regard to the loan payments, I will be considered to be delinquent on my electric service account; and that delinquency may lead, according to the Association's policy, to termination of my electrical service for failure to pay the loan.

Member _____ Date: _____

Spouse or co-Applicant _____ Date: _____

Approved _____ Date _____