

GP LOUISIANA FEDERAL CREDIT UNION

P.O. BOX 520

ZACHARY, LA. 70791

Phone: (225) 654-7230

Fax: (225) 654-7232

New/Used Car____

New/Used Motorcycle____

New/Used Recreational Vehicle____

Signature Loan____

New/Used Boat Loan____

Share Pledge Loan____

GP LOUISIANA FEDERAL CREDIT UNION LOAN APPLICATION

***** Please provide a copy of a recent check stub with application*****

DATE:_____ **GAP**_____ **CDI**_____ **Extended Warranty**_____

Purpose of Loan:_____ **Amount**

Requested:_____

Name:_____ **Account Number:**_____

Social Security Number: _____ **Driver's License:**_____

Birth Date:_____ **Business Phone:**_____

Home Phone:_____ **Cell Phone:**_____

Present Address:_____

EMPLOYMENT /INCOME

Name and Address of Employer:_____

Length of Employment:_____ **Position:**_____

Employment Income:\$_____ **Per**_____ **Other Income**\$_____ **Per**_____

Marital Status: _____

Nearest Relative Not Living With You: _____

Address and Phone Number:_____

SIGNATURE:

X_____ **DATE:**_____

Everything that I have stated in this application is correct to the best of my knowledge. You are authorized to check my credit and employment history. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report.

Loan Officer Signature_____ Date_____ Approved _____ Declined_____