

FILL OUT THE CHRISTMAS LOAN APPLICATION BELOW AND RETURN TO PORT TERMINAL F.C.U.

AMOUNT OF LOAN REQUESTED \$ NAME		Maximum Amount \$3000 SPOUSES NAME	
ACCT#	_SS#_	TDL#	DOB
HOME ADDRESS /C	CITY/ST/ZIP		
HOME PHONE#_		CELL#	
EMPLOYER		YEARS?	MTHLY GROSS\$
CREDIT DIS	SABILITY INS.	SINGLE CREDIT LIFE	
CRE	DITOR	BALANCE OWED	MONTHLY PAYMENTS
RENT OR MTG			
SIGNATURE		CO-SIGNER CO-SIGNER	
YOU AUTHORIZED	THE CREDIT UNIO	N TO OBTAIN CREDIT REPO	RTS IN CONNECTION WITH THIS
APPLICATION FOR	CREDIT. ALL TERM	IS BASED ON QUALIFIED BO	DRROWERS
IF YOU ARE NOT	A MEMBER, JOI	N NOW AND TAKE ADVA	NTAGE OF THIS OFFER.
NOT ALL MEMBE	RS WILL BE ELIC	SIBLE.	