



Complete this instant loan request form and fax, mail or call
FAX TO: (218) 496-5678
MAIL TO: 52777 Hoffman Dr.
Kerrick, MN 55756
CALL: (888) 723-5218

Amount of Request: _____

Description of Purchase: _____

Terms are up to 12 years depending on age of unit. Zero down is available.

Name: _____

Marital Status: Unmarried Married Legally Separated (Circle One)

Social Security #: _____

Driver's License #: _____

Birth Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Length of Residence: _____

Home Phone: _____

Work Phone: _____

Employer: _____

Length of Employment: _____

Position: _____

Monthly Gross Income: _____

Previous Employer: _____

Length of Employment: _____

Mortgage/Rent Payment: _____

Home Value: _____

Reference Name: _____

Reference Phone: _____

Spouse Name: _____

Social Security #: _____

Driver's License #: _____

Birth Date: _____

Work Phone: _____

Employer: _____

Length of Employment: _____

Position: _____

Monthly Gross Income: _____

Previous Employer: _____

Length of Employment: _____

By signing this instant loan request, I authorize selected banks to investigate, and third parties to release, information regarding my credit rating and said credit ratings will be used as part of the criteria for approval. I certify the information provided is correct.

Sign Here X _____

Sign Here X _____

All applications subject to credit approval.