



[Privacy Statement](#)

FDIC | Equal Housing Lender

Auto Loan Application

First Name:

Last Name:

Submitted on:

Applicants must reside in the Counties of LaSalle, Bureau or Putnam, in the State of Illinois.

Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Security Notice:

You should ONLY fill out this form on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now. This form is NOT cached (saved in your computer's memory) when you QUIT your browser.

Instructions:

1. Print this loan application and gather the information you'll need.
2. Complete application on-line and click "Submit Application" or fax it to 815-224-4156.
3. To safeguard your privacy, QUIT your browser and restart it again after using this form.

This loan application is for personal loans only and is NOT intended for commercial use. A valid social security number is required to apply. Please review and gather the information you will need before completing this form. Upon receipt of the application, we will send you the proper disclosures.

Auto Loan Request

Amount Requested:

Type of Application:

☐ Individual Applicant

☐ Joint Applicant

Desired Monthly Payment

or Term Requested:

☐ 24 mos.

☐ 36 mos.

☐ 48 mos.

☐ 60 mos.

☐ Other:

| | | | |
|--|--|---------------------|-------|
| Vehicle Description (required) | Year of Vehicle | Make | Model |
| <div></div> | | | |
| Purchase Price | Down Payment | Finance Amount | |
| <div></div> | | | |
| Dealer Name | | | |
| Trade-In | <input type="radio"/> Yes <input type="radio"/> No | | |
| Purchasing from Dealer | <input type="radio"/> Yes <input type="radio"/> No | | |
| Creditor of Trade-In | | | |
| Applicant | | | |
| First Name | Middle Initial | Last Name | |
| <div></div> | | | |
| Date of Birth | Social Security No. | No. of Dependents | |
| <div></div> | | | |
| Driver's License No. | Driver's License State | Your E-mail Address | |
| <div></div> | | | |
| Home Phone | Best Time to Call | Work Phone | |
| <div></div> | | | |
| Are there any unsatisfied Judgments against you? | <input type="radio"/> Yes <input type="radio"/> No | | |
| Have you been declared bankrupt in the last 7 years? | <input type="radio"/> Yes <input type="radio"/> No | | |
| Residence | | | |
| Your Primary Residence: | <input type="radio"/> Own with Mortgage <input type="radio"/> Own Clear <input type="radio"/> Rent <input type="radio"/> Other: | | |

| | | | |
|---|-------------------------------------|---------------|---------------------------------------|
| Address Information | Address Line 1 | | |
| | Address Line 2 | | |
| | City | State | ZIP Code |
| Years At Present Address | | | Your Monthly rate or Mortgage Payment |
| | | | |
| Years At Previous Address | | | Your Previous Address |
| | | | |
| Home Information | | | |
| Collateral Property Address (If different from above) | | | Date Purchased |
| | | | |
| Current Mortgage Holder | | | Mortgage Holder Phone |
| | | | |
| Purchase Price | | Market Value | Mortgage Balance |
| | | | |
| Employment | | | |
| | <input type="radio"/> Employed | | |
| | <input type="radio"/> Unemployed | | |
| | <input type="radio"/> Self-Employed | | |
| | <input type="radio"/> Retired | | |
| | <input type="radio"/> Student | | |
| Your Present Employer | | | Phone |
| | | | |
| Address Information | Address Line 1 | | |
| | Address Line 2 | | |
| | City | State | ZIP Code |
| Gross Monthly Salary | | Your Position | Years There |
| | | | |

—

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

| | |
|----------------------|------------------------|
| Other Monthly Income | Source of Other Income |
| <div></div> | <div></div> |

| | |
|--|----------------------------|
| Previous Employer (if less than 3 years at current employer) | Years at Previous Employer |
| <div></div> | <div></div> |

| | | | |
|---------------------|----------------|-------------|-------------|
| Address Information | Address Line 1 | | |
| | Address Line 2 | | |
| | City | State | ZIP Code |
| <div></div> | <div></div> | <div></div> | <div></div> |

Additional Information

| | |
|------------------------------|------------------|
| Your Checking Account Number | Institution Name |
| <div></div> | <div></div> |

| | |
|-----------------------------|------------------|
| Your Savings Account Number | Institution Name |
| <div></div> | <div></div> |

| Name of Creditor | Approx. Balance | Monthly Payment | Collateral, if any |
|------------------|-----------------|-----------------|--------------------|
| <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> |
| <div></div> | <div></div> | <div></div> | <div></div> |

| | |
|--|-------------|
| Total Amount of Other Monthly Payments not listed above: | <div></div> |
|--|-------------|

| | | |
|-------------|-------------|-----------------|
| Assets | Value | Title Held Name |
| <div></div> | <div></div> | <div></div> |

Co-Applicant

| | | |
|-------------|----------------|-------------|
| First Name | Middle Initial | Last Name |
| <div></div> | <div></div> | <div></div> |

| | | |
|---------------|---------------------|-------------------|
| Date of Birth | Social Security No. | No. of Dependents |
| <div></div> | <div></div> | <div></div> |

| | | | | | |
|---|--|---|--|---------------------|--|
| Driver's License No. | | Driver's License State | | Your E-mail Address | |
| Home Phone | | Best Time To Call | | Work Phone | |
| Co-Applicant Residence | | | | | |
| Your Primary Residence: | | <div><input type="radio"/> Own with Mortgage</div> <div><input type="radio"/> Own Clear</div> <div><input type="radio"/> Rent</div> <div><input type="radio"/> Other:</div> | | | |
| Address Information | | <div>Address Line 1</div> <div>Address Line 2</div> <div>CityStateZIP Code</div> | | | |
| Years At Present Address | | Your Monthly Rent or Mortgage Payment | | | |
| Years At Previous Address | | Your Previous Address | | | |
| Co-Applicant Home Information | | | | | |
| Collateral Property Address (If different from above) | | | | Date Purchased | |
| Current Mortgage Holder | | Mortgage Holder Phone | | | |
| Purchase Price | | Market Value | | Mortgage Balance | |
| Co-Applicant Employment | | | | | |

| | | | |
|--|--|----------------------------|-------------|
| | <div><input type="radio"/> Employed</div> <div><input type="radio"/> Self - Employed</div> <div><input type="radio"/> Retired</div> <div><input type="radio"/> Unemployed</div> <div><input type="radio"/> Student</div> | | |
| <div><div>Your Present Employer</div><div>Phone</div></div> <div></div> | | | |
| Address Information | Address Line 1 | | |
| | Address Line 2 | | |
| | City | State | ZIP Code |
| | | | |
| Gross Monthly Salary | | Your Position | Years There |
| <div></div> | | | |
| — | | | |
| You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request. | | | |
| Other Monthly Income | | Source of Other Income | |
| <div></div> | | | |
| Previous Employer (if less than 3 years at current employer) | | Years at Previous Employer | |
| <div></div> | | | |
| Address Information | Address Line 1 | | |
| | Address Line 2 | | |
| | City | State | ZIP Code |
| | | | |
| Co-Applicant Additional Information | | | |
| Your Checking Account Number | | Institution Name | |
| <div></div> | | | |
| Your Savings Account Number | | Institution Name | |
| <div></div> | | | |

| Name of Creditor | Approx. Balance | Monthly Payment | Collateral, if any |
|---|--|-----------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Amount of Other Monthly Payments not listed above: | | | |
| Assets | Value | Title Held Name | |
| | | | |
| Applicant(s) Statement | | | |
| Applicant(s) Statement | | | |
| I/We have completed this request for credit in consideration of Peru Federal Savings Bank lending to me and/or others upon my guarantee. I/We certify that all information contained herein is accurate and complete to the best of my knowledge. | | | |
| I/We authorize Peru Federal Savings Bank to retain property of this application, to rely on the foregoing, to check and verify my credit, employment and salary history, to secure follow up credit reports concerning my credit worthiness and to exchange information about my account with proper persons, creditors and credit bureaus. | | | |
| I authorize my employer (present and future), bank and other references listed above to release and/or verify information to Peru Federal Savings Bank at any time. I acknowledge that this application is subject to approval of credit and acceptance by Peru Federal Savings Bank . Should my request for credit and subsequent loan be approved, I agree to give Peru Federal Savings Bank written notice immediately upon change of my name, address, employment or any other pertinent information contained herein. | | | |
| (required) | <input type="checkbox"/> I/We AGREE with the above statement | | |