

Auto Loan Application

Last Name:

First Name:

Submitted on:

Privacy Policy: Our privacy policy protects the privacy of your personally-identifying information that you provide us online.				
Dui privacy policy protects ti	le privacy or your personally-identifying infor	nation that you provide us offline.		
Applicants must reside in the	State of Massachusessets in Bristol, Norfolk	or Plymouth Counties.		
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.				
Complete application on-li To safeguard your privacy	and gather the information you'll need. ne and click "Submit Application" or fax it to 7 , QUIT your browser and restart it again after ersonal loans only and is NOT intended for co			
		pleting this form. Upon receipt of the application, we will send		
	Auto Loan Red	uest		
Amount Requested:				
Type of Application:	O Individual Applicant O Joint Applicant			
If you are applying for Joint Credit, please insert your initials below. (required)	Applicant Initials	Co-Applicant Initials		
Term Requested:	36 months48 months60 months72 monthsOther:			

Vehicle Description (required)	Year of Vehicle		Make	Model
Purchase Pri	ce [Down Payment	Finance Amount	
Dealer Name				
Trade-In	○ Yes○ No			
Purchasing from Dealer	○ Yes○ No			
Creditor of Trade-In		A !! (
		Applicant		
First Name		Middle Initial	Last	Name
Date of Birth	Social S	ecurity No.	No. of Depe	endents
Driver's License	No. Driv	ver's License State	Your E-ma	ail Address
Home Phone		Best Time to Call	Wor	k Phone
Are there any unsatisfied Judgments against you?	○ Yes ○ No			
Have you been declared bankrupt in the last 7 years?	○ Yes ○ No			
Are you a US Citizen?	Yes No No			
Residence				
	Own with Mortgage Own Clear			
Your Primary Residence:	Rent Other:			

	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
Years At Present Address		Your Monti	Your Monthly Rentor 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 M		Market Value	Mortgage Balance		
Employment Employment					
	EmployedUnemployed				
	Self-Employed				
	Retired				
	Student				
Your Present Employer			Phone		
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
Gross Mo	onthly Salary	Your Position	Years There		

– You do not have to list alimo granting and repayment of th	ny, child support or separate maintena nis credit request.	nce income unless you want ເ	us to consider it for the purposes of	
Other Monthly Income		Source of Other Income		
Previous En	nployer (if less than 3 years at current o	employer)	Years at Previous Employer	
Address Information	Address Line 1 Address Line 2			
	City	State	ZIP Code	
	Additiona	l Information		
	Your Checking Account Number		Institution Name	
	Your Savings Account Number		Institution Name	
Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any	
Total Amount of Other Monthly Payments not listed above:		-		
Assets	Value	Title Held Name		
	Co-A	pplicant		
First Name	Midd	lle Initial	Last Name	
Date of Birth	Social Security	Social Security No.		

Driver's License	e No.	Driver's License State	Your E-mail Address	
Home Phone) 	Best Time To Call	Work Phone	
Are there any unsatisfied Judgements against you?	O Yes O No			
Have you been declared bankrupt in the last 7 years?	○ Yes ○ No			
Are you a US Citizens?				
		Co-Applicant Residence		
Your Primary Residence:	Own with Mortgage Own Clear Rent Other:			
Address Information	Address Line 1 Address Line 2			
	City	State	ZIP Code	
Years At Pres	sent Address	Your Monthly F	Rent or Mortgage Payment	
Years At Previous Address Your Previous Address			Your Previous Address	
Co-Applicant Home Information				
Co-Applicant From allowe) Collateral Property Address (If different from above) Date Purchased				
Curre	ent Mortgage Holder		Mortgage Holder Phone	

Purchase	Price	Market Value	Mortgage Balance
		Co-Applicant Employment	
	○ Employed		
	Self - Employed		
	Retired		
	Unemployed		
	Student		
	Your Present	Employer	Phone
	Tour Fresent	Е піріоу в і	Thore
Address Information	Address Line 1		
Address information	Address Line 2		
	City	State	ZIP Code
Gross	Monthly Salary	Your Position	Years There
– You do not have to list ali	mony, child support or sep	parate maintenance income unless yo	ou want us to consider it for the purposes of
granting and repayment o	of this credit request.		Source of Other Income
	nor monary moonic		
Previous	Employer (if less than 3 ye	ears at current employer)	Years at Previous Employer
	Address Line 1		
Address Information	Address Line 2		
	City	State	ZIP Code
		Co-Applicant Additional Information	
	Your Checking Account	t Number	Institution Name
-			

Your Savings Account Number		Institution Name		
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 I/We have completed this request for credit in consideration of Stoughton Co-Operative 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 Stoughton Co-Operative 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 Stoughton Co-Operative Bank at any time. I acknowledge that this application is subject to approval of credit and acceptance by Stoughton Co-Operative Bank. Should my request for credit and subsequent loan be approved, I agree to give Stoughton Co-Operative Bank written notice immediately upon change of my name, address, employment or any other pertinent information contained herein. (required)				
Purchase & Sale Agreement, Paystubs or Other Documentation	or Please submit this information as an additional attachment.			