



## Auto Loan Application

First Name:

Last Name:

Submitted on:

### Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

**Applicants** must reside in the State of Massachusetts 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.

### 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 781-341-4530.
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

If you are applying for Joint Credit, please insert your initials below. (required)

**Applicant Initials**

**Co-Applicant Initials**

Term Requested:

- 36 months
- 48 months
- 60 months
- 72 months
- Other:

Vehicle Description (required)

**Year of Vehicle**

**Make**

**Model**

Purchase Price	Down Payment	Finance Amount
_____	_____	_____

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
_____	_____	_____

Date of Birth	Social Security No.	No. of Dependents
_____	_____	_____

Driver's License No.	Driver's License State	Your E-mail Address
_____	_____	_____

Home Phone	Best Time to Call	Work Phone
_____	_____	_____

Are there any unsatisfied Judgments against you?	<input type="radio"/> Yes <input type="radio"/> No
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Have you been declared bankrupt in the last 7 years?	<input type="radio"/> Yes <input type="radio"/> No
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Are you a US Citizen?	<input type="radio"/> Yes <input type="radio"/> No
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**Residence**

Your Primary Residence:	<input type="radio"/> Own with Mortgage <input type="radio"/> Own Clear <input type="radio"/> Rent <input type="radio"/> Other:
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Address Information	Address Line 1
	Address Line 2
	City State ZIP Code

Years At Present Address	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	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
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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**

**Previous Employer (if less than 3 years at current employer)**

**Years at Previous Employer**

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

**Additional 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-Applicant**

**First Name**

**Middle Initial**

**Last Name**

**Date of Birth**

**Social Security No.**

**No. of Dependents**

Driver's License No.

Driver's License State

Your E-mail Address

Home Phone

Best Time To Call

Work Phone

Are there any unsatisfied Judgements against you?

- Yes  
 No

Have you been declared bankrupt in the last 7 years?

- Yes  
 No

Are you a US Citizens?

- Yes  
 No

**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 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**

- Employed
- Self - Employed
- Retired
- Unemployed
- 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

Previous Employer (if less than 3 years at current employer)

Years at Previous Employer

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

**Co-Applicant Additional 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

**Applicant(s) Statement**

**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)

I/We AGREE with the above statement

Purchase & Sale  
Agreement, Paystubs or  
Other Documentation

Please submit this information as an additional attachment.