



Pioneer Federal Savings & Loan

Investing in our Communities

Member FIDC | Equal Housing Lender

[Privacy Statement](#)

Auto Loan Application/Dillon

First Name:	Last Name:
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Privacy Policy:
Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

Applicants must reside in Montana.

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 406-683-6759.
 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: (required)						
Type of Application: (required)	<input type="radio"/> Individual Applicant		<input type="radio"/> Joint Applicant			
Desired Monthly Payment						
or Term Requested:	<input type="radio"/> 24 mos.		<input type="radio"/> 36 mos.			
	<input type="radio"/> 48 mos.		<input type="radio"/> 60 mos.			
	<input type="radio"/> 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? (required)	<input type="radio"/> Yes	<input type="radio"/> No
Have you been declared bankrupt in the last 7 years? (required)	<input type="radio"/> Yes	<input type="radio"/> No
Residence		
Your Primary Residence: (required)	<input type="radio"/> Own with Mortgage	<input type="radio"/> Own Clear
	<input type="radio"/> Rent	<input type="radio"/> Other
Address Information (required)	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

Employed

Unemployed

Self-Employed

Retired

Student

Your Present Employer

Phone

Address Information (required)

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: (required)

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
_____	_____	_____

Co-Applicant 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 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 **Pioneer Federal Savings & Loan** 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 **Pioneer Federal Savings & Loan** 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 **Pioneer Federal Savings & Loan** at any time. I acknowledge that this application is subject to approval of credit and acceptance by **Pioneer Federal Savings & Loan**. Should my request for credit and subsequent loan be approved, I agree to give **Pioneer Federal Savings & Loan** written notice immediately upon change of my name, address, employment or any other pertinent information contained herein.

I/We AGREE with the above statement