

Member FDIC | Equal Housing Lender Privacy Policy

Auto Loan Application

First Name:	Last Name:
Submitted on:	
Privacy Policy: Our privacy policy protects the	ne privacy of your personally-identifying information that you provide us online.
Identification Procedures Relaw requires all financial insti What this means for you: Whallow us to identify you. We rescurity Notice: You should ONLY fill out this version, download a copy not Instructions: 1. Print this loan application on-li	Procedures for Opening a New Account quirements: To help the government fight the funding of terrorism and money laundering activities, Federal tutions to obtain, verify, and record information that identifies each person who opens an account, nen you open an account, we will ask for your name, address, date of birth, and other information that will may also ask to see your driver's license or other identifying documents. If form on-line if you are using a browser with the latest security enhancements. If you don't have the latest w. This form is NOT cached (saved in your computer's memory) when you QUIT your browser. In and gather the information you'll need. In and click "Submit Application" or fax it to 715-394-2791. In QUIT your browser and restart it again after using this form.
	ersonal loans only and is NOT intended for commercial use. A valid social security number is required to the the information you will need before completing this form. Upon receipt of the application, we will send
	Auto Loan Request
Amount Requested:	
Type of Application:	O Individual Applicant O 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
Purchase Price		Down Payment	Fina	nce Amount
Dealer Name				
Trade-In				
Purchasing from Dealer	O Yes O No			
Creditor of Trade-In		A . I'		
		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?				
Have you been declared bankrupt in the last 7 years?				
		Residence		
Your Primary Residence:	Own Clea	Mortgage		
Your Primary Residence: Rent Other:				

	Address Line 1			
Address Information	Address Line 2			
	City	State	ZIP Code	
Years At Present Address You		Your Mon	Monthly rate or Mortgage Payment	
Ye	ears 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		
	EmployedUnemployedSelf-EmployedRetired			
Your Present Employer			Phone	
	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 alimo granting and repayment of t		tenance income unless you want	us to consider it for the purposes of	
Other Monthly Income		Source	Source of Other Income	
Previous Er	mployer (if less than 3 years at curre	ent employer)	Years at Previous Employer	
Address Information	Address Line 1			
Address Information	Address Line 2 City	State	ZIP Code	
	Addit Your Checking Account Number	ional Information	Institution Name	
	Your Savings Account Number		Institution Name	
Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any	
otal Amount of Other Ionthly Payments not listed	3			
Assets			Title Held Name	
	(Co-Applicant		
First Name	e I	Middle Initial	Last Name	
Date of Birth	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:	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			
Year	s At Previous Address		Your Previous Address
	(Co-Applicant Home Information	า
Collateral Property Address (If different from above) Date Purchased			
Current Mortgage Holder Mortgage Holder Phone			Mortgage Holder Phone
Purchase Price		Market Value	Mortgage Balance
		Co-Applicant Employment	
	EmployedSelf - EmployedRetiredUnemployed		

Your Present Employer			Phone
Address Information	Address Line 1 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 the	ny, child support or separate mainter	nance 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 curren	it employer)	Years at Previous Employer
	Address Line 1		
Address Information	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				
· ·	quest for credit in consideration of Superion contained herein is accurate and comp	or Savings Bank lending to me and/or others upon my guarantee. lete to the best of my knowledge.		
I/We authorize Superior 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 Superior Savings Bank at any time. I acknowledge that this application is subject to approval of credit and acceptance by Superior Savings Bank. Should my request for credit and subsequent loan be approved, I agree to give Superior Savings 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 staten	nent		