

FARM BUREAU FINANCE COMPANY

4122 E. Cleveland Blvd.
Caldwell, Idaho 83605-0669
Tel: (208) 455-1526 Fax: (208) 455-1569

Married Unmarried Separated

Farm Bureau Member: Yes No

Applicant Name:		Social Security No:		Date of Birth:	Home Phone:	Ages of Children:			
Current Address:			City & State:		Zip:	How Long? Yrs Mths			
Previous Address: (if within 3 years)			City & State:		Zip:	How Long? Yrs Mths			
Employer:		How Long? Yrs Mths	Position	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Salary (Gross per Month):				
Work Phone:									
Previous Employer: (if within 2 years)		How Long? Yrs Mths	Position	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Gross salary per mo.:				
Name and Address of Two Relatives:									
1. _____				2. _____					
Name	Address	City	State	Zip	Name	Address	City	State	Zip

Spouse Name:		Social Security No:		Date of Birth:	Home Phone:	Ages of Children:			
Current Address:			City & State:		Zip:	How Long? Yrs Mths			
Previous Address: (if within 3 years)			City & State:		Zip:	How Long? Yrs Mths			
Employer:		How Long? Yrs Mths	Position	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Salary (Gross per Month):				
Work Phone:									
Previous Employer: (if within 2 years)		How Long? Yrs Mths	Position	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Gross salary per mo.:				
Name and Address of Two Relatives:									
1. _____				2. _____					
Name	Address	City	State	Zip	Name	Address	City	State	Zip

OTHER INCOME SOURCE(S): _____ **Amount:** _____ **When Received:** _____

(You are not required to list income from alimony, child support or maintenance unless you want us to consider it for the purpose of making the loan).

I own rent my home with monthly payments of \$ _____ to _____ (Name of Creditor or Landlord)

I own lease my vehicle with monthly payments of \$ _____ to _____ (Name of Creditor)

I must make monthly child support or alimony payments of \$ _____

CREDIT REFERENCES:

Name and Address of firms that have extended me credit: 1. _____
Firm Street City State

2. _____
Firm Street City State

3. _____
Firm Street City State

INSURANCE: I understand that I must insure any real or personal property securing my loan against loss or casualty, and that I may purchase such insurance through any insurance company that is reasonably acceptable to this finance company:

Insurance Company:	Agent:	Phone No.:
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I certify the information in this Credit Application is true and correct. I authorize you to investigate the references and other data furnished by me or any other person or firm pertinent to my credit responsibility.

Borrower Signature _____ Co-Borrower Signature _____ Date _____