Print Form

SURGERY CENTER:

AMOUNT REQUESTED

SHARPER IMAGE LOAN APPLICATION

APPLICANT

Name: First, Middle, Last | Driver's License Number/State | Date of Birth

Social Security No. | Home Phone No. | ☐ Buying/Own ☐ Live with Relatives ☐ Rent/Government Qtrs. ☐ Other

Current Address | Years at Residence

Rent/Mortgage Amount | Payable to:

Present Employer (or source of income) | Gross Monthly Income | No. of Years

Employer's Address | Work Phone No.

Previous Employer (If less than 3 years at current) | Phone No.

CO-APPLICANT

Name: First Middle, Last | Driver's License Number/State | Date of Birth

Social Security No. | Home Phone No. | ☐ Buying/Own ☐ Live with Relatives ☐ Rent/Government Qtrs. ☐ Other

Current Address | Years at Residence

Rent/Mortgage Amount | Payable to:

Present Employer (or source of income) | Gross Monthly Income | No. of Years

Employer's Address | Work Phone No.

Previous Employer (if less than 3 years at current) | Phone No.

OTHER INCOME

(You need not list income from alimony, child support or separate maintenance if you are not relying on them for purposes of this application)

Income Source | How Long Received | Monthly Amount

PERSONAL REFERENCES (2 Relatives not living with you)

Relative 1	Address/City/State/ZIP	Relationship	Phone No.
Relative 2	Address/City/State/ZIP	Relationship	Phone No.

Signatures

I certify that the information in this application (and any attachments) is current, true and correct and is given for the purpose of obtaining credit. I agree to notify you in writing immediately if there is any change in my financial condition. I understand that it is a violation of Section 1014, Title 18, U.S. Code, to make a false statement or overvalue security for the purpose of influencing the action of any credit union.

I authorize you to gather whatever credit and employment information you consider necessary and appropriate from time to time. I understand and agree that you may retain this application and any other credit information you may receive whether or not credit is granted and you may give information concerning my credit with you to others. I also waive my right to confidentiality of my records with the California Department of Motor Vehicles (DMV) and authorize you to obtain such information from the DMV.

For open-end accounts, if I wish to designate authorized user (s), I understand that I must contact the Credit Union.

Signature of Applicant | Date | Signature of Co-Applicant (when applicable) | Date

POINT LOMA CREDIT UNION

CONVENIENT • INNOVATIVE • COMPETITIVE

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DHA 232 4/02

YOUR SAVINGS FEDERALLY INSURED TO $100,000 NCUA NATIONAL CREDIT UNION ADMINISTRATION A U.S. GOVERNMENT AGENCY

Please fax application to (858) 495-7166

Point Loma Credit Union, 9420 Farnham St., San Diego, CA 92123-1321

EQUAL HOUSING LENDER

4/02