



1060 5<sup>th</sup> Ave SE, PO Box 158 Hutchinson MN 55350  
 320-587-3079 or 1-800-795-1299  
 Fax 320-587-7184

**CREDIT APPLICATION**

**APPLICANT INFORMATION**

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned   Rented   (Please circle)	Monthly payment or rent:	How long?

**EMPLOYMENT INFORMATION**

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT**

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned   Rented   (Please circle)	Monthly payment or rent:	How long?

**EMPLOYMENT INFORMATION**

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:
Previous employer:		
Address:		
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**CREDIT APPLICATION**

City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

**APPLICATION INFORMATION CONTINUED**

Name of a relative not residing with you:

Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

**CREDIT CARDS/AUTO LOANS/OTHER LOANS**

Name	Account no.	Current balance	Monthly payment

**MORTGAGE COMPANY**

Account no.:	Address:
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I authorize Hutchinson Co-op. to verify the information provided on this form as to my credit and employment history. The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay to pay all bills, according to the Hutchinson Co-op credit policy, upon receipt of the statement or as otherwise expressly agreed. I agree to pay a finance charge of 1 ½ % per month on any amount unpaid after 30 days and to pay all collection cost, including reasonable attorney fees.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date

