



# Metro Line Application

**1** Desired credit line : \$ \_\_\_\_\_

**2** Use Metro Line as my overdraft protection  
 Yes  No

**3** Tell Us About Yourself

Account Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Length of Residence \_\_\_\_\_ Rent/Own \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Previous Address *(if current is less than 3 years)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

**4** Tell us about your employment

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Grade (if applicable) \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Phone \_\_\_\_\_

Yrs. Employed \_\_\_\_\_ Net Monthly Income \_\_\_\_\_ Other Income\* \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Date Employed \_\_\_\_\_

\*Applicants need not disclose alimony, child support or separate maintenance income. If the applicant is relying on alimony, child support or separate maintenance as a basis for repayment, complete Co-Applicant section as to Payor. Payor signature not required.

**5** Co-Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address (if different from Applicant) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Position \_\_\_\_\_ Yrs. Employed \_\_\_\_\_

Net Monthly Income \_\_\_\_\_ Previous Employer \_\_\_\_\_

**6**  Single Credit Life  Joint Credit Life  
 Credit Disability

I plan to apply for the insurance coverage(s) checked above. I understand that this is not an application for insurance. This insurance is voluntary and is not a condition for approval of my loan for credit plan. Insurance coverage will become effective after I apply and meet the eligibility requirement of the group policies when my loan is approved.

I have read and understand the eligibility requirements of the insurance coverages above and would like to apply for the coverages checked.

Initial & date here \_\_\_\_\_

Everything I have stated in this application is true to the best of my knowledge, and is an accurate statement of my obligations and the income upon which I will rely to pay the credit requested. I understand that you will rely on this information in deciding whether or not to grant or continue credit to me. I also understand that you will not return this application. You are authorized to check my credit and employment history. I agree that I will be bound by all terms and conditions governing the charge card account, a copy of which will be delivered to me with my card.

By signing below, I/we grant to the credit union a security interest in any goods not yet paid for and in any and all deposits I/we have, now or later, in the credit union if I/we default in the terms of the credit union agreement and truth-in-lending disclosure.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_