



**Minnesota Valley Cooperative
Light & Power Association**
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CREDIT APPLICATION

APPLICANT

Last Name		First Name			Middle Initial	Own Rent	How Long Yrs.
Address		City		State	Zip Code	County	
Date of Birth		Social Security Number		Home Phone Number		MV Location Number	
Employer		How Long Yrs.	Position			Yearly Salary	
Address		City		State	Zip Code	Business Phone Number	

SPOUSE / CO-APPLICANT

Last Name		First Name			Middle Initial	Relation to Applicant	
Address		City		State	Zip Code	County	
Date of Birth		Social Security		Home Phone Number		MV Location Number	
Employer		How Long Yrs.	Position			Yearly Salary	
Address		City		State	Zip Code	Business Phone Number	

CREDIT REFERENCES (List banks, charge cards, etc., where you have accounts)

	Account With	Address	Account Number	Balance	Monthly Payment
Checking					
Savings					
Mortgage					
Auto Loan					
Credit Acct.					
Credit Acct.					

LOAN AMOUNT REQUESTED AND PURPOSE

Amount (\$)	Purpose
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The above information is correct and is given for the purpose of obtaining credit. You are authorized to verify this information and to obtain additional information in reviewing this credit request. Both signatures are required for a joint application.

Applicant Signature	Co-Applicant Signature	Date
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