INSTRUCTIONS: PLEASE SAVE THIS PAGE TO YOUR COMPUTER. PLEASE READ AGREEMENT, COMPLETE ALL FIELDS, LIST NAME OF JOINT APPLICANT, AND SAVE. REOPEN THE DOCUMENT TO DOUBLECHECK THAT ANY CHANGES HAVE BEEN SAVED. THEN, EITHER:

- -EMAIL TO MOR-GRAN-SOU ELECTRIC COOPERATIVE AT INFO@MORGRANSOU.COM OR
- -MAIL TO MOR-GRAN-SOU ELECTRIC COOPERATIVE, INC., PO BOX 297, FLASHER, ND 58535-0297.

MOR-GRAN-SOU ELECTRIC COOPERATIVE, INC. PO BOX 297 FLASHER ND 58535

PHONE: 701-597-3301 OR 1-800-750-8212 FAX: 701-597-3915

LOAN APPLICATION

NAME:	SO	SOCIAL SECURITY # SOCIAL SECURITY # CITY, STATE, ZIP		
SPOUSES NAME:	SO			
ADDRESS:	CIT			
PHONE NUMBER:				
I hereby apply for a loan of \$ fo installments commencing the month after the lo	r a period of an proceeds are advanced. I	_ weeks/months (circle one) I desire this loan for the follo	to be repaid in equal monthly wing purpose (explain fully):	
Collateral offered:				
(Describe fully: Loans in excess of \$5,000 mus	t have 100% collateral offer	ed)		
Other (describe fully):				
Are you relying on income from another person	to repay this loan?	_ If so, the name of that pers	son:	
I am indebted to the following creditors (list AL loans, credit cards, etc. Attach additional sheet i		real estate, automobile, repair	irs, furniture, installments,	
TO WHOM OWED (NAME & ADDRESS)	ORIGINAL AMOUNT	MONTHLY PAYMENT	BALANCE DUE	
I hereby affirm and represent that my total indel	btedness and liabilities on th	is date are listed above and c	lo not exceed \$	
Number of dependents (exclude self):				
Are you liable for alimony, child support or sep	arate maintenance payments	s?		
If so, list the amount:				

Applicant's Employer:	Phone:		
Date Employed:			
Weekly/Monthly (circle one) salary: \$	Previous employer:		
Length of service:			
Spouse's Employer:	Phone		
Address:			
Date employed:	Position/job title:		
Weekly/Monthly (circle one) salary: \$	Previous employer:		
	Length of service		
Other personal income (do NOT include alimony, child	d support or separate maintenance payments): \$		
Source:			
Other CASH assets (savings, mutual funds, cash value	of insurance):		
Source:			
Auto owned, make:	Year:		
Serial # or Mtr #:			
2 nd auto owned, make:	Year:		
Serial # or Mtr #:			
State driver's license issued in:			
Value of real estate owned at reasonable market value:	\$		
Location:			
Name of landlord:			
Monthly rent:			
List all addresses of past five (5) years:			
Parents or nearest relative (not spouse):			
Name:	Relationship:		
Address:			
Have you any judgements, garnishments, or legal proce	eedings against you? If yes, explain:		

Have you ever been through bankruptcy?	If yes, what year?		
Are you a co-maker/guarantor on any other loans?	If so, amour	it?	
For whom?			
List credit references:			
Name:	Address:		
Name:	Address:		
Name:	Address:		
Bank reference – checking & savings:			
Additional information:			
and bank references for financial information.			
APPLICANT'S SIGNATURE:		DATE:	
APPLICANT SPOUSES'S SIGNATURE		DATE:	