



## CONSUMER LOAN APPLICATION

APPLICATION FOR: AMERIFENCE CORPORATION  12 months same as cash

Date	Amount Requested \$	Individual Credit ( <input type="checkbox"/> ) Joint Credit ( <input type="checkbox"/> )			
Name of Applicant		Social Security Number		Birth Date	Home Phone #
Home Address		City	State	Zip Code	Years at this address
Employer	Occupation	How Long	Emp. Phone	Gross Annual Income \$	
Bank Name:			Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	
<b>Complete below for Joint Application (Completion of co-applicant section implies intent for joint credit)</b>					
Name of Co-Applicant		Social Security Number		Birth Date	Home Phone #
Employer	Occupation	How Long	Emp. Phone	Gross Annual Income \$	
Alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not choose to have it considered as a basis for repaying this loan.					
Source	Received Since When?	Monthly Amount \$		When Will Income Cease?	
Name of Nearest Relative (not living with you)	Address	City	State	Zip	Phone

The selection of a Contractor or Dealer, acceptance of materials used and work performed is the borrower's responsibility. Institution does not guarantee the materials, workmanship, or inspect the work performed. I/We certify that the above statements are true, accurate, and complete to the best of my/our knowledge and belief. This application shall remain the property of the lending institution to which submitted for the purpose of obtaining a loan. I/We hereby consent to and authorize the lending institution, after the giving of reasonable notice, to enter the improved property for the purpose of determining that the improvements specified in this application have been completed. I/We hereby consent to and authorize you to make the necessary credit investigation for the purpose of obtaining credit.

**ALL PARTIES SIGNING THIS AUTHORIZATION ARE AFFIRMING THEIR INTENT TO APPLY FOR THE TYPE OF CREDIT NOTED ABOVE.**

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

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



**Amerifence Corporation**

**Sales Rep:**

**Phone Number:**

**Sales Rep Location:**

**Southport Banker – [Southport@anbank.com](mailto:Southport@anbank.com)**

**12048 Giles Road, La Vista, NE 68128**

**Phone Number: 402-939-5444**

**Fax Number: 402-315-3503**