

CREDIT LIMIT INCREASE REQUEST

☐ I am applying for Individual Credit		☐ I am applying for Joint Credit			
Amount Requested \$ -	_	CO-APPLIC	ANT INFORMA	ATION	
APPLICANT II	NFORMATION	First Name	Middle Initial	Last Name	
My Quantum Member Number		Street Address	☐ Address Same as Applica	Address Same as Applicant	
First Name	Middle Initial Last Name	City/State/Zip Social Security No.	Date of	Dirth	
Street Address		Current Employer	Hire Date	ынн ———	
City/State/Zip Rent Monthly payment Years in Residence Own		Monthly Gross Income This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/we also authorize the Credit Union to verify or obtain further information the Credit Union may need necessary concerning my/our credit standing. The undersigned applicant agrees that the			
Home Phone	Work Phone	applicant(s) will be bound by the terms and conditions of the loan.			
Social Security No.	Date of Birth	SIGNATUR	E(S)		
Current Employer	Hire Date	Applicant's Signature Date			
Monthly Gross Income		Co-Applicant's Signature Date			
FOR CREDIT UNION	USE ONLY	Appro	oved		
Loan Account No		Date:			
Current Limit \$	New Limit \$	Loan	Officer:		