



# Macon Electric Cooperative

P.O. Box 157  
Macon, MO 63552  
(660) 385-3157

## CREDIT APPLICATION

### Primary Applicant Information

First Name:		M.I.	Last Name:		Date of Birth: YYYY MM DD		
Street Address:			City:		State:	Zip Code:	
Home Phone Number: ( )		Social Security Number:		Driver's License Number:	E-mail Address:		
Residence Type (please circle): Own Rent Other		At Residence Since: Year		Month	Monthly Payment:		

Is your account with Macon Electric Cooperative a joint account? (Please Check Yes or No): Yes \_\_\_\_\_ No \_\_\_\_\_  
*\*If yes, please fill out the Secondary Applicant Section below.*

### Secondary Applicant Information

First Name:		M.I.	Last Name:		Date of Birth: YYYY MM DD		
Street Address:			City:		State:	Zip Code:	
Home Phone Number: ( )		Social Security Number:		Driver's License Number:	E-mail Address:		
Residence Type (please circle): Own Rent Other		At Residence Since: Year		Month	Monthly Payment:		

### Previous Address Information (if less than one year at current address)

Former Address:			City:		State:	Zip Code:	
Residence Type (please circle): Own Rent Other			Time Duration at Residence: From Year:		To Year:		

### Additional Information

Current Employer:		Employer Contact Name:		Business Phone Number: ( )	
Loan Amount:		Requested Term Length:			

I hereby state that 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 Primary and Secondary Applicant signatures are required for join application.*

\_\_\_\_\_  
Primary Signature: Secondary Signature: Date: