Dakota Plains Credit Union  212 5 <sup>th</sup> Ave., PO Box 248, Edgeley, ND 58433 (701) 493-233 120 1 <sup>st</sup> St. N, PO Box 129, Ellendale, ND 58436 (701) 349-3 204 3 <sup>rd</sup> Ave., PO Box 74, Enderlin, ND 58027 (701) 437-2324	3842 Joint Credit
Consumer Loan Amount Requested:	Purpose:
Name:	Social Security #
Address:	Home Phone #
City, State, Zip	Length of Residence:
Date of Birth:	Number of Dependents:
Monthly Rent/Mortgage Payment: \$	Net Monthly Income: \$
Employer:	Length of Employment:
E-Mail Address	
Joint Applicant Information	
Name:	Social Security # DOB:
Employer: Net Mon	nthly Income \$ Length of Employment:
	ation is correct. By signing below, I authorize you to check my credit and neelled in writing. If approved and a VISA card(s) is issued, you understand that the d agreement to the terms of the credit card agreement.
Applicant's Signature Date	Joint Applicant's Signature Date