



Preliminary Loan Request

Requested Amount: [input]

Purpose: [input]

Borrower:

Co-Borrower:

First Name MI Last Name [input]

First Name MI Last Name [input]

Address: [input]

Address: [input]

Date of Birth [input]

Date of Birth [input]

Social Security # [input]

Social Security # [input]

E-Mail Address [input]

E-Mail Address [input]

Phone Number [input]

Phone Number [input]

Employer [input]

Employer [input]

Address [input]

Address [input]

Phone Number [input]

Phone Number [input]

Gross Monthly Income Hire Date [input]

Gross Monthly Income Hire Date [input]

You can expect contact with Community State Bank within 2 business days. What is the best way to reach you? [input]

I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

Signature _____ Date _____

Signature _____ Date _____

PLEASE FAX THIS FORM TO: 989-865-9936
Or mail to Community State Bank P.O. Box 10 Saint Charles, MI 48655
If you have any questions, please call us at (989) 865-9945