



MERCHANT LENDING APPLICATION

merchantlending@tdecu.org 877-722-1017

PRODUCT DESCRIPTION: _____

AMOUNT: _____ TERMS: _____

PRIMARY APPLICANT:

FIRST NAME: _____ LAST NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE: _____

ADDRESS LINE: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

EMPLOYER NAME: _____

LENGTH OF EMPLOYMENT: _____ YEARS _____ MONTHS

MONTHLY INCOME: _____

ADDITIONAL APPLICANT:

FIRST NAME: _____ LAST NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE: _____

ADDRESS LINE: _____

CITY: _____ STATE: _____ ZIP: _____

USE PRIMARY ADDRESS: Yes

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

EMPLOYER NAME: _____

LENGTH OF EMPLOYMENT: _____ YEARS _____ MONTHS

MONTHLY INCOME: _____

I HAVE PERMISSION FROM THE APPLICANT(S) TO PULL CREDIT
(Directions: Please print in all fields and fax to Merchant Lending)