

LOAN APPLICATION



GENERAL INFORMATION

Department Name:				
Date:	Tax ID #:	Phone:	Fax:	
Physical Address:				
City:	State:	ZIP Code:	County:	Year Established:
Mailing Address:				
City:	State:	ZIP Code:	Email:	

DEPARTMENT INFORMATION

Chief:			Phone:	
Primary Contact Person:	Position:	Phone:	Email:	
Type of Dept.: <input type="checkbox"/> Volunteer <input type="checkbox"/> Mostly Volunteer <input type="checkbox"/> Career <input type="checkbox"/> Mostly Career			ISO Rating:	
# Volunteer Firefighters:	# Career Firefighters:	# Stations:	# Employees:	
Is the Dept. registered as a Non-Profit Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			# Board Members:	
Board President:			Phone:	

FINANCIAL INSTITUTION ACCOUNT INFORMATION

Deposit Accounts: Institution Name	Account Type			Balance		
1.						
2.						
3.						
Loan Accounts: Institution Name	Current Balance	Payment Amt.	Original Term	Rate	Payment Frequency	Collateral
1.						
2.						
3.						

LOAN REQUEST INFORMATION

Purpose:		Amount:		Loan Term:	
Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____					
Collateral:					
Insurance Agency:		Contact Person:		Phone:	
Additional Comments:					
Signature:				Date:	