

LINE OF CREDIT LIMIT INCREASE

NAME: \_\_\_\_\_

SS#: \_\_\_\_\_ MEMBER ACCT # \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PRESENT CREDIT LIMIT: \_\_\_\_\_

REQUESTED CREDIT LIMIT: \_\_\_\_\_

POSTAL STATION EMPLOYED: \_\_\_\_\_

EMPLOYMENT, IF NOT POSTAL: \_\_\_\_\_

GROSS YEARLY SALARY: \_\_\_\_\_

OTHER INCOME: \_\_\_\_\_ SOURCE: \_\_\_\_\_

LIST ALL DEBTS AND MONTHLY PAYMENTS:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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OFFICE USE ONLY ..... DO NOT WRITE BELOW THIS LINE  
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DATE \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

CREDIT COMMITTEE  
OR  
LOAN OFFICER \_\_\_\_\_