



Got A Minute?

Fax To: 307-686-3363

I/we authorize First National Bank of Gillette to check my/our credit history.

Borrower #1

Borrower #2

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

Number of Dependents: _____

Number of Dependents: _____

Current Employer: _____

Current Employer: _____

How long at current employer? _____

How long at current employer? _____

Gross Income: _____

Gross Income: _____

Hourly/Monthly/Annually

Hourly/Monthly/Annually

Other Income:

Other Income:

Child Support: _____

Child Support: _____

Disability: _____

Disability: _____

Social Security: _____

Social Security: _____

Retirement: _____

Retirement: _____

Other: _____

Other: _____

Name of Bank: _____

Name of Bank: _____

Checking Balance: _____

Checking Balance: _____

Savings Balance: _____

Savings Balance: _____

Retirement Balance: _____

Retirement Balance: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Does anyone on this application pay child support or alimony? How much per month? _____