

City of Klawock Alaska

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Klawock, AK 99925

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"SITE OF THE FIRST SALMON CANNERY IN ALASKA"

Credit Application

NAME - LAST		FIRST	MIDDLE	SOCIAL SECURITY NO.	SPOUSE'S NAME	
ADDRESS			CITY	STATE	ZIP	TELEPHONE
NO DEPENDENTS INCLUDING SPOUSE		<input type="checkbox"/> OWN		<input type="checkbox"/> RENTING		
DATE OF BIRTH		<input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED		DRIVER'S LICENSE NO. STATE:
EMPLOYER	ADDRESS		POSITION	SINCE	MONTHLY INCOME	
FORMER EMPLOYER (if less than 5 years)	ADDRESS		POSITION	TO/FROM	MONTHLY INCOME	
SPOUSE'S EMPLOYER	ADDRESS		POSITION	SINCE	MONTHLY INCOME	
OTHER INCOME - PLEASE EXPLAIN						
NAME AND ADDRESS OF BANK						
OTHER BANK REFERENCES						
NAME AND ADDRESS OF NEAREST RELATIVE						
REFERENCES - RETAIL - FIANANCE CO.						
NAME		ACCOUNT NUMBER		ADDRESS		PHONE
HAVE YOU OR YOUR SPOUSE PREVIOUSLY HAD AN ACCOUNT WITH US?				WHEN?		

I HEREBY AUTHORIZE THE PERSON TO WHOM THIS APPLICATION IS MADE, OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON, TO INVESTIGATE ANY REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FAINANCIAL RESPONSIBILITY. I UNDERSTAND THAT ACCOUNTS ARE TO BE SETTLED IN FULL EACH MONTH.

DATE: _____ SIGNATURE _____

DATE _____ SPOUSE'S SIGNATURE _____

City Accountant _____ Date _____

City Administrator _____ Date _____