

FirstBank Virgin Islands Consumer Credit Application

Amount	Terms	Branch	Check all products you are requesting: <input type="checkbox"/> Personal Loan <input type="checkbox"/> Auto Loan <input type="checkbox"/> Taxi Medallion Loan <input type="checkbox"/> Other
Specific Purpose			

Please Tell Us About Yourself

Applicant's Name (First, Middle, Last, Jr./Sr./etc.)		<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Own Condo <input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Other:
Social Security Number	Date of Birth (month, day, year)	Years at Current Address
Full Permanent Physical Address (Include Street, City, State, Zip)		Monthly Payment \$
Mailing Address (If Different from Physical Address)		Home Telephone Number
Previous Home Address		Mother's Maiden Name
Email Address		Yearly Income Other Income* \$ \$
Nearest Relative Not Living with You	Address/Telephone	Relationship to You
Marital Status (don't complete if this application is for individual unsecured credit.)		
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated		

IMPORTANT: Include two (2) or four (4) most recent pay stubs (at least (2) per applicant); If self-employed, also include two (2) years signed business and individual tax returns.

Please Tell Us About Your Job

Please Tell Us About Your Accounts

Name of Business or Employer		Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check if it is a FirstBank Account	
Business Address (Include Street, City, State, Zip)		Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check if it is a FirstBank Account	
Previous Employer	Job Title / Position	Vehicle Make/Model/Year	Paid for? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Years at Job	Business Telephone #	Financed by (even if paid for)
			Monthly Payment \$

* Other Income/Sources (income from alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as basis for repaying this obligation.

Check the appropriate option associated with other income: Court Order Written Agreement Oral Understanding.

Co-Applicant Information (OPTIONAL) / Co-Signer Information (OPTIONAL)

Applicant's Name (First, Middle, Last, Jr./Sr./etc.)		<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Own Condo <input type="checkbox"/> Live w/ Parents <input type="checkbox"/> Other:
Social Security Number	Date of Birth (month, day, year)	Years at Current Address
Full Permanent Physical Address (Include Street, City, State, Zip)		Monthly Payment \$
Mailing Address (If Different from Physical Address)		Home Telephone #
Previous Home Address		Mother's Maiden Name
Email Address		Yearly Income Other Income* \$ \$
Nearest Relative Not Living with You	Address/Telephone	Relationship to You
Employer		

IMPORTANT: Include two (2) or four (4) most recent pay stubs (at least (2) per Marital Status (don't complete if this

