

## Application Authorization

I/We certify that all statements made on the attached application are accurate. I/We authorize Leominster Credit Union to obtain credit reports, contact creditors and/or disclose information to creditors listed on the attached applications. I/We understand that it is a Federal crime to willfully provide incomplete or incorrect information on a loan application.

_____ Signature of Applicant	_____ Date	_____ Signature of Co-Applicant	_____ Date
---------------------------------	---------------	------------------------------------	---------------

---

---

## Acknowledgement of Joint Credit

We, the undersigned, intend to apply for joint credit on the attached application.

_____ Signature of Applicant	_____ Date	_____ Signature of Co-Applicant	_____ Date
---------------------------------	---------------	------------------------------------	---------------