

**5% LOAN APPLICATION
STRAY VOLTAGE MITIGATION EQUIPMENT**

**VERNON ELECTRIC COOPERATIVE
WESTBY, WISCONSIN**

FIRST NAME	MIDDLE INITIAL	LAST NAME
SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	MAP LOCATION
ADDRESS	CITY, STATE, AND ZIP	
HOW LONG?	HOME PHONE	BUSINESS PHONE
LOAN AMOUNT (\$5,000.00 MAX.)	NUMBER OF MONTHS (60 MONTHS MAX.)	
SPOUSE, FIRST NAME, MIDDLE INITIAL	LAST NAME (IF DIFFERENT)	SOCIAL SECURITY #
NAME OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP	
ADDRESS	CITY, STATE, AND ZIP	

ABOUT YOUR WORK

CURRENT EMPLOYER	HOW LONG?	POSITION
ADDRESS	CITY, STATE, AND ZIP	
PREVIOUS EMPLOYER	HOW LONG?	POSITION
ADDRESS	CITY, STATE, AND ZIP	

MEMBER SIGNATURE _____

DATE _____

(COOPERATIVE USE ONLY)

TYPE OF EQUIPMENT

BILLING DEPARTMENT AND LOAN
COMMITTEE COMMENTS

APPROVED BY

TITLE

DATE