

FLOWERS FOODS EMPLOYEES CREDIT LEAGUE, P.O. Box 3137, Thomasville, GA 31799
PHONE (229) 228-6860 / FAX (229) 228-9233
MINI-LOAN APPLICATION

Name: _____ Date: _____

Address: _____ Account #: _____

_____ Location: _____

I hereby apply for a loan of \$ _____ for a period of _____ weeks/months, to be repaid in _____ weekly installments of \$ _____. **I desire this loan for the following purpose. (be specific):** _____

SECURITY OFFERED: Assignment of shares in all my accounts, also _____

I wish to purchase Credit Disability Insurance, yes ___ no _____. (check one) The cost of this voluntary insurance is \$.28 per \$100.00 of your loan balance per month.

I wish to purchase Credit Life Insurance, yes ___ no _____. (check one) The cost of this voluntary insurance is \$.07 per \$100.00 of your loan balance per month. A separate insurance election which discloses the terms and conditions of these coverages must be signed for these coverages to become effective.

SIGNATURE OF APPLICANT: _____

Credit League Comments: _____

Approval _____ Credit Limit _____ Loan Type _____ Sub Account _____