

Application for  
Financing



FAX TO:  
888-350-6639  
PHONE: 888-675-3030

DEALER:				CONTACT:				PHONE:							
<b>APPLICANT INFORMATION</b>								<b>CO-APPLICANT INFORMATION</b>							
ACKNOWLEDGMENT BY CO-APPLICANT: By providing Co-Applicant information, you confirm your intent to apply for joint credit and be jointly liable for the debt.															
FIRST NAME MIDDLE LAST				FIRST NAME MIDDLE LAST											
SOCIAL SECURITY NUMBER		BIRTH DATE		US CITIZEN? YES NO	MARRIED UNMARRIED SEPARATED	SOCIAL SECURITY NUMBER		BIRTH DATE		US CITIZEN? YES NO	MARRIED UNMARRIED SEPARATED				
CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX)				OWN RENT OTHER	CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX)				OWN RENT OTHER						
CITY		STATE		ZIP		HOW LONG?	CITY		STATE		ZIP				
MAILING ADDRESS (P.O. BOX)				CITY	STATE	ZIP	MAILING ADDRESS (P.O. BOX)				CITY	STATE	ZIP		
MORTGAGE or LANDLORD NAME				MONTHLY PAYMENT				MORTGAGE or LANDLORD NAME				MONTHLY PAYMENT			
HOME PHONE (Include Area Code)		CELL PHONE (Include Area Code)		OTHER PHONE		HOME PHONE (Include Area Code)		CELL PHONE (Include Area Code)		OTHER PHONE					
PREVIOUS ADDRESS if current is less than 2 years (Street, City, State & Zip Code)				HOW LONG?				PREVIOUS ADDRESS if current is less than 2 years (Street, City, State & Zip Code)				HOW LONG?			
OCCUPATION				YEARS IN FIELD				OCCUPATION				YEARS IN FIELD			
EMPLOYER				YEARS				EMPLOYER				YEARS			
BUSINESS PHONE (Include Area Code)		Extension #		GROSS MO. INCOME				BUSINESS PHONE (Include Area Code)		Extension #		GROSS MO. INCOME			
SOURCE OF OTHER INCOME (ALIMONY, CHILD SUPPORT ETC.)*				MONTHLY AMOUNT				SOURCE OF OTHER INCOME (ALIMONY, CHILD SUPPORT ETC.)*				MONTHLY AMOUNT			
PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS AT PRESENT)				YEARS				PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS AT PRESENT)				YEARS			
*SOURCE OF OTHER INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION								*SOURCE OF OTHER INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION							
DRIVER'S LICENSE NUMBER				EXPIRATION DATE				DRIVER'S LICENSE NUMBER				EXPIRATION DATE			

I/We certify that the information given is true, correct and complete and is given for the purpose of obtaining credit, and CERTIFIED CAPITAL INC-TRAILER FINANCE and any other creditor or prospective creditor of the undersigned or any agency employed by you or any of them are authorized to make investigations, including credit inquiries and employment verifications concerning the undersigned or concerning the above information and to disclose to each other the information set forth above and the results of such investigations. ANY FAX TRANSMISSION OF MY SIGNATURE WILL BE HELD EQUALLY ENFORCEABLE AS MY GENUINE SIGNATURE.

APPLICANT'S SIGNATURE \_\_\_\_\_ I intend to apply jointly (please initial) \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT'S SIGNATURE \_\_\_\_\_ I intend to apply jointly (please initial) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FOR DEALER USE ONLY</b>						<b>PRICING:</b>	
Is this an ordered unit? YES NO						<b>Total Sell Price</b> _____	
<b>Unit Info:</b> Model Year Make Model						+Tax _____	
						+Fees _____	
						-Trade-in Allowance** _____	
						+Trade-in Payoff** _____	
						-Cash Down _____	
<b>Trade-In</b>				<b>Pay off Bank:</b>		<b>=Amount Financed</b> _____	