

Application for
Financing



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

DEALER:				CONTACT:				PHONE:											
APPLICANT INFORMATION								CO-APPLICANT INFORMATION											
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				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	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		HOW LONG?					
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		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		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 _____

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