

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			
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					
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 _____					