

Application for
Financing



FAX TO:
1-888-350-6639
PHONE: 1-888-675-3030

| | | |
|--------|---------|-------|
| 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 | | | | | | | |
| SOCIAL SECURITY NUMBER | BIRTH DATE | US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/> | MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> | SOCIAL SECURITY NUMBER | BIRTH DATE | US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/> | MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> | | | | |
| CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX) | | | | CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX) | | | | | | | |
| OWN RENT OTHER | | | | 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 | | | | | | | |
| MAIN PHONE (Include Area Code) | | EMAIL ADDRESS | | MAIN PHONE # (Include Area Code) | | EMAIL ADDRESS | | | | | |
| 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 | | | | | | | |
| EMPLOYER PHONE (Include Area Code) | | Extension # | | GROSS MO. INCOME | | EMPLOYER 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 | | | | | | | | | | | |
| PRIMARY ID: (DL, STATE ID, PASSPORT AND STATE ISSUED) | | | | EXPIRATION DATE | | | | | | | |
| PRIMARY ID: (DL, STATE ID, PASSPORT AND STATE ISSUED) | | | | EXPIRATION DATE | | | | | | | |
| SECONDARY ID (VISA, MC, DISCOVER, GAS CARD, DEPT STORE, ETC) | | | | EXPIRATION DATE | | | | | | | |
| SECONDARY ID (VISA, MC, DISCOVER, GAS CARD, DEPT STORE, ETC) | | | | 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: | |
|---------------------|------------|------|-------|--|-------------------------------|--|
| | | | | | Total Sell Price _____ | |
| | | | | | +Taxes _____ | |
| | | | | | +Fees _____ | |
| | | | | | -Trade Allowance _____ | |
| | | | | | +Trade Payoff _____ | |
| | | | | | -Cash Down _____ | |
| | | | | | =Amount Financed _____ | |
| | | | | | Pay off Bank: _____ | |
| Unit Info: | Model Year | Make | Model | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Trade-In | | | | | | |