

Application for  
Financing



FAX TO:  
979-732-8693  
PHONE: 979-732-8686

<b>DEALER:</b> <b>TRAILERS UNLIMITED</b>				<b>CONTACT:</b>				<b>PHONE:</b>			
<b>APPLICANT INFORMATION</b>						<b>CO-APPLICANT INFORMATION</b>					
<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.</b>											
FIRST NAME		MIDDLE		LAST		FIRST NAME		MIDDLE		LAST	
SOCIAL SECURITY NUMBER	BIRTH DATE	US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	MARRIED UNMARRIED SEPARATED	<input type="checkbox"/>	<input type="checkbox"/>	SOCIAL SECURITY NUMBER	BIRTH DATE	US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	MARRIED UNMARRIED SEPARATED	<input type="checkbox"/>	<input type="checkbox"/>
CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX)			OWN RENT OTHER	<input type="checkbox"/>	<input type="checkbox"/>	CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX)			OWN RENT OTHER	<input type="checkbox"/>	<input type="checkbox"/>
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			
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 #	<b>GROSS MO. INCOME</b>			BUSINESS PHONE (Include Area Code)		Extension #	<b>GROSS MO. INCOME</b>		
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	Dealer cost/Invoice		+Tax	_____				
New						+Fees	_____				
Used						-Trade-in Allowance**	_____				
New						+Trade-in Payoff**	_____				
Used						-Cash Down	_____				
New						=Amount Financed	_____				
Used											
<b>Trade-In</b>					<b>Pay off Bank:</b>						