

Application for
Financing



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

DEALER: TRAILERS UNLIMITED				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 UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>	SOCIAL SECURITY NUMBER		BIRTH DATE		US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	MARRIED UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>				
CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX)				OWN RENT <input type="checkbox"/> OTHER <input type="checkbox"/>	CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX)				OWN RENT <input type="checkbox"/> OTHER <input type="checkbox"/>						
CITY		STATE		ZIP		HOW LONG?	CITY		STATE		ZIP				
MAILING ADDRESS (P.O. BOX)		CITY		STATE		ZIP		MAILING ADDRESS (P.O. BOX)		CITY		STATE			
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 _____

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