

Application for Financing



FAX TO:
270-781-8221
PHONE: 800-872-2833 ext 106

DEALER: Trailer World, Inc.	CONTACT:	PHONE:
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*Required information				*Required information															
APPLICANT INFORMATION				CO-APPLICANT INFORMATION															
*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		*SOCIAL SECURITY NUMBER		*BIRTH DATE		US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		*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									
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									
SOURCE OF OTHER INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION				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				YEARS									
PREVIOUS EMPLOYER (*IF LESS THAN 2 YEARS AT PRESENT)				YEARS		PREVIOUS EMPLOYER (*IF LESS THAN 2 YEARS AT PRESENT)				YEARS									
DRIVER'S LICENSE NUMBER				EXPIRATION DATE		DRIVER'S LICENSE NUMBER				EXPIRATION DATE									

I 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 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 _____	