

Application for Financing



www.ccifinance.com

FAX TO: 352-402-9978
call 352-402-9108

DEALER: COAST TO COAST TRAILER SALES	CONTACT: <i>Rob Kennedy</i>	PHONE:
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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		
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 certify that the information given is true, correct and complete and is given for the purpose of obtaining credit, and Certified Capital, Inc. 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 _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ 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					+Fees	_____
Used					-Trade-in Allowance**	_____
New					+Trade-in Payoff**	_____
Used					-Cash Down	_____
Trade-In				Pay off Bank:	=Amount Financed	_____