

Application for  
Financing



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

<b>DEALER:</b> <b>Coast to Coast Trailer Sales</b>	<b>CONTACT:</b> <b>Bob Kennedy</b>	<b>PHONE:</b> <b>352-402-9108</b>
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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)			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	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 \_\_\_\_\_

FOR DEALER USE ONLY					PRICING:	
Is this an ordered unit? YES NO					Total Sell Price _____	
<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	_____
Trade-In				Pay off Bank:	=Amount Financed	_____