

Application for
Financing



FAX TO:
1-888-350-6639
PHONE: 1-888-675-3030

DEALER:				SALESPERSON:								
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 <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 STREET ADDRESS			OWN RENT OTHER <input type="checkbox"/>	CURRENT STREET ADDRESS			OWN RENT OTHER <input type="checkbox"/>					
CITY		STATE	ZIP	HOW LONG?	CITY		STATE	ZIP	HOW LONG?			
MORTGAGE or LANDLORD NAME			BALANCE	MO. PAYMENT	MORTGAGE or LANDLORD NAME			BALANCE	MO. PAYMENT			
HOME PHONE		WORK PHONE		PAGER / MOBILE	HOME PHONE		WORK PHONE		PAGER / MOBILE			
PREVIOUS ADDRESS			CITY	STATE	ZIP	PREVIOUS ADDRESS			CITY	STATE	ZIP	HOW LONG?
OCCUPATION				YEARS IN FIELD	OCCUPATION				YEARS IN FIELD			
EMPLOYER				YEARS	EMPLOYER				YEARS			
HAVE YOU HAD ANY JUDGMENTS, FORECLOSURES OR BANKRUPTCIES IN THE PAST 10 YEARS? YES NO			GROSS MO. INCOME		HAVE YOU HAD ANY JUDGMENTS, FORECLOSURES OR BANKRUPTCIES IN THE PAST 10 YEARS? YES NO			GROSS MO. INCOME				
EXPLAIN:			YEARS		EXPLAIN:			YEARS				
PREVIOUS EMPLOYER			YEARS		PREVIOUS EMPLOYER			YEARS				
SOURCE OF OTHER INCOME (ALIMONY, CHILD SUPPORT ETC.)*			MO. AMOUNT		SOURCE OF OTHER INCOME (ALIMONY, CHILD SUPPORT ETC.)*			MO. 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					*SOURCE OF OTHER INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION							

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 / Used					+Fees	_____
New / Used					+Trade Pay-Off	_____
New / Used					-Trade-in Allowance**	_____
New / Used					-Cash Down	_____
**Trade				Pay off Bank:	=Amount Financed	_____