

Application for  
Financing



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

<b>DEALER:</b> <b>NELSON'S TRUCK &amp; TRAILER SALES, LLC</b>	<b>CONTACT:</b> <b>PHONE:</b>
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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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SOCIAL SECURITY NUMBER	BIRTH DATE	US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	MARRIED UNMARRIED SEPARATED	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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)					MAILING ADDRESS (P.O. BOX)				
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					<b>Total Sell Price</b> _____	
<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	_____
<b>Trade-In</b>				<b>Pay off Bank:</b>	<b>=Amount Financed</b>	_____