

Application for
Financing

CERTIFIED CAPITAL INC.
TRAILER FINANCE
www.ccifinance.com

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

DEALER: KORRAL SUPPLY INC					CONTACT:					PHONE:																													
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					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)										CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX)																													
					OWN RENT OTHER																																		
CITY			STATE		ZIP		HOW LONG?			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														
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 _____									
Unit Info:	Model Year		Make		Model		Dealer cost/Invoice			+Tax					_____				
New										+Fees					_____				
Used										-Trade-in Allowance**					_____				
New										+Trade-in Payoff**					_____				
Used										-Cash Down					_____				
New										Pay off					_____				
Used										Bank:					_____				
Trade-In										=Amount Financed					_____				