

Application for
Financing



FAX TO:
(530) 273-2772
PHONE: (530) 273-8870

DEALER: FEATHERLITE OF N. CALIFORNIA 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																			
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						OWN RENT OTHER																	
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																	
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?																	
OCCUPATION						YEARS IN FIELD																	
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																	
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					

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