

Application for
Financing



Phone
817-599-6488
FAX TO:
817-599-6490

DEALER WAYNE HODGES TRAILER SALES, INC.	CONTACT	PHONE
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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 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)			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:	
Unit Info: Model Year Make Model				Total Sell Price	_____
				+Tax	_____
				+Fees	_____
				-Trade-in Allowance**	_____
				+Trade-in Payoff**	_____
				-Cash Down	_____
Trade-In			Pay off Bank:	=Amount Financed	_____