

Trailer Solutions Financial

TRAILER SOLUTIONS FINANCIAL - RETAIL CONSUMER CREDIT APPLICATION

3306 SW 26th Ave #301 Ocala, FL 34471
Phone: (800) 224-8180 FAX: (727) 498-0604

CO-APPLICANT OR GUARANTOR INFORMATION

Complete this section ONLY if there is a co-applicant or if the applicant will rely on the income of a guarantor as a source of payment.

APPLICANT INFORMATION US Citizen: (circle) Yes No

US Citizen: (circle) Yes NO

Full Name (First, Middle, Last)

Social Security # _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Street Address

City/State/Zip

Own or Rent \$ _____ Monthly Payment

How long at this address? _____ Years _____ Months

Name of personal reference not living with you _____ Phone _____

Name of personal reference not living with you _____ Phone _____

How Long? _____ Years _____ Months
Employer _____

Street Address

City _____ State _____ Zip _____ Phone _____

Occupation _____ Gross Monthly Income _____

Additional Income Source* _____ Monthly \$ _____

*NOTE: Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

PURCHASE INFORMATION

Dealership Name & Location _____
Dealership Name _____

Full Name (First, Middle, Last)

Social Security # _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Street Address

City/State/Zip

Own or Rent \$ _____ Monthly Payment

How long at this address? _____ Years _____ Months

Name of personal reference not living with you _____ Phone _____

Name of personal reference not living with you _____ Phone _____

How Long? _____ Years _____ Months
Employer _____

Street Address

City _____ State _____ Zip _____ Phone _____

Occupation _____ Gross Monthly Income _____

Additional Income Source* _____ Monthly \$ _____

*NOTE: Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

COLLATERAL INFORMATION:

Year: _____

Make: _____

Model: _____

VIN: _____

TOTAL PRICE
(WITH ALL FEES AND TAXES) \$ _____

TSF PROCESSING + \$ _____

CASH DOWN - \$ _____

EMAIL ADDRESS:

AUTHORIZATION I certify that the above information stated in this application is true and correct and a complete statement of my financial condition. I understand that this application will be kept whether or not it is approved. You are authorized to share this application with other potential lenders. You and any potential or subsequent creditor are authorized to check my credit and my employment history to answer questions about your credit experience with me and to disclose credit information to each other. I further understand that my application is being submitted to a lender(s).

Date of Application

Applicant's Signature

Co-Applicant's Signature

**FAX (727) 498-0604 OR E-MAIL COMPLETED APPLICATION
TO info@trailersolutions-financial.com**