

TRAILER SOLUTIONS FINANCIAL - RETAIL CONSUMER CREDIT APPLICATION

5901 Sun Blvd #100A, St. Petersburg, FL. 33715
Phone: 800-224-8180 Fax 727-499-7414

APPLICANT INFORMATION

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 Name Street Address City State Zip

FINANCING INFORMATION

Year Make Model VIN#

Term: 36 Months 48 Months Loan Amount Requested* \$ (including trailer insurance if chosen)

*NOTE: Loan amount should include any extra add-ons (i.e. trailer insurance, tax, tags, warranties etc.)

Trailer Insurance is mandatory. Include one-year of insurance in my loan for \$ Yes No

BY SIGNING BELOW, EACH OF US (BOTH APPLICANT AND CO-APPLICANT) VERIFY OUR INTENT TO APPLY FOR JOINT CREDIT.

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/Guarantor's Signature

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. Please specify if Co-applicant or Guarantor

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