



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)

Full Name (First, Middle, Last)

Social Security # Date of Birth

Social Security # Date of Birth

Home Phone Cell Phone

Home Phone Cell Phone

Street Address

Street Address

City/State/Zip

City/State/Zip

Own or Rent \$ Monthly Payment

Own or Rent \$ Monthly Payment

How long at this address? Years Months

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

Name of personal reference not living with you Phone

Name of personal reference not living with you Phone

How Long? Years Months
 Employer

How Long? Years Months
 Employer

Street Address

Street Address

City State Zip Phone

City State Zip Phone

Occupation Gross Monthly Income

Occupation Gross Monthly Income

Additional Income Source* Monthly \$

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.

*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

Phone Number Contact

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**