

Application for
Financing



FAX TO:
610-756-3550

DEALER: ROSELL TRAILER SALES, 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	
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	
MAILING ADDRESS (P.O. BOX)		CITY		STATE		ZIP		MAILING ADDRESS (P.O. BOX)		CITY	
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			

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		_____	