

Application for
Financing



FAX TO:
888-350-6639
PHONE: 888-675-3030

DEALER: SHADOW TRUCK & TRAILER INC.	CONTACT:	PHONE:
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APPLICANT INFORMATION					CO-APPLICANT INFORMATION						
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	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CURRENT PHYSICAL STREET ADDRESS (NO P.O. BOX)			OWN RENT OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
CITY	STATE	ZIP	HOW LONG?		CITY	STATE	ZIP	HOW LONG?			
MAILING ADDRESS (P.O. BOX)			CITY	STATE	ZIP	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 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 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					+Fees	
Used					-Trade-in Allowance**	
New					+Trade-in Payoff**	
Used					-Cash Down	
Trade-In				Pay off Bank:	=Amount Financed	

