



**INDIVIDUAL CREDIT APPLICATION**

1706 Tennison Pkwy Ste 160  
 Colleyville, TX. 76034  
 PH: (800) 607-1108  
 Fax: (800) 471-4842

Send applications to apps@financemytrailer.com

I AM APPLYING FOR JOINT CREDIT \_\_\_\_\_ (applicant initials)  
 CO-APPLICANT NAME: \_\_\_\_\_

DATE \_\_\_\_\_ DEALER NAME \_\_\_\_\_ SALES PERSON \_\_\_\_\_  
 DEALER PHONE \_\_\_\_\_ DEALER FAX \_\_\_\_\_

**APPLICANT INFORMATION**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ JR/SR \_\_\_\_\_  
 CURRENT ADDRESS (P.O. BOX NOT ALLOWED) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG? YRS MOS \_\_\_\_\_  
 PREVIOUS ADDRESS (IF < 2 YRS AT CURRENT) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOW LONG? YRS MOS \_\_\_\_\_  
 HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 CURRENT HOUSING PAYMENT \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**EMPLOYMENT INFORMATION**

CHECK IF W-2       CHECK IF 1099       CHECK IF SELF-EMPLOYED       CHECK IF RETIRED

CURRENT EMPLOYER (IF SELF-EMPLOYED ENTER BUSINESS NAME- IF RETIRED ENTER INCOME SOURCE) \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 POSITION \_\_\_\_\_ GROSS MONTHLY TAXABLE INCOME \_\_\_\_\_ HOW LONG? YEARS MONTHS \_\_\_\_\_  
 PREVIOUS EMPLOYER (IF < 2 YRS AT CURRENT) \_\_\_\_\_ YEARS \_\_\_\_\_ SOURCE OF OTHER TAXABLE INCOME \_\_\_\_\_ MONTHLY AMOUNT \_\_\_\_\_

**EQUIPMENT INFORMATION**

NEW       USED      PRICE \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ TAX/TITLE/LICENSE + \_\_\_\_\_  
 TRADE YEAR \_\_\_\_\_ TRADE MAKE \_\_\_\_\_ TRADE MODEL \_\_\_\_\_ **TOTAL =** \_\_\_\_\_  
 TRADE PAYMENT \_\_\_\_\_ LIENHOLDER \_\_\_\_\_ TRADE ALLOWANCE - \_\_\_\_\_  
 CASH DOWN PAYMENT - \_\_\_\_\_

NOTICE TO DEALER: THIS INFORMATION WILL BE USED TO PREPARE YOUR CUSTOMER'S CLOSING DOCUMENTS. INCORRECT INFORMATION WILL DELAY FUNDING

**REQUESTED AMOUNT** \_\_\_\_\_

By submitting this information, you (1) make the above representations, which are certified correct for the purpose of securing credit; (2) authorize(s) Rock Solid Funding, LLC. (hereinafter referred to as "the Company") to give information concerning the transaction and it's credit experience with Applicant/Co-Applicant to others; and (3) understands that the Company will retain this application, whether or not it is application is approved and that it is the Applicant's / Co-Applicant's responsibility any change of name, address or employment. The Company may, at it's discretion assign a sales finance contract written, or to be written, in connection with your purchase to notify the Company of to a lending institution of it's choosing. You are notified, pursuant to the Fair Credit Reporting Act that your application may be submitted for consideration to one or more institutions.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_