



# Trailer Solutions Financial

## 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.

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### PURCHASE INFORMATION

Dealership Name & Location **San Antonio Southwest Trailers, LTD.**  
Dealership Name \_\_\_\_\_

**210.657.5828** **TRAILER SALES**  
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](mailto:info@trailersolutions-financial.com)**