



Application for
Financing

FAX TO:
1-413-665-7666

Orchard Trailers, Inc.				FINANCE DEPARTMENT PHONE 1-413-665-7600 FINANCE DEPARTMENT FAX 1-413-665-7666			
APPLICANT INFORMATION				CO-APPLICANT INFORMATION			
FIRST	MIDDLE	LAST		FIRST NAME	MIDDLE	LAST	
SOCIAL SECURITY NUMBER	BIRTH DATE	US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>	SOCIAL SECURITY NUMBER	BIRTH DATE	US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>
CURRENT STREET ADDRESS			OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER <input type="checkbox"/>	CURRENT STREET ADDRESS			OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER <input type="checkbox"/>
CITY	STATE	ZIP	HOW LONG?	CITY	STATE	ZIP	HOW LONG?
MORTGAGE or LANDLORD NAME		BALANCE	MO. PAYMENT	MORTGAGE or LANDLORD NAME		BALANCE	MO. PAYMENT
HOME PHONE	WORK PHONE	PAGER / MOBILE		HOME PHONE	WORK PHONE	PAGER / MOBILE	
PREVIOUS ADDRESS		CITY	STATE	ZIP	HOW LONG?	PREVIOUS ADDRESS	
OCCUPATION			YEARS IN FIELD	OCCUPATION			YEARS IN FIELD
EMPLOYER			YEARS	EMPLOYER			YEARS
HAVE YOU HAD ANY JUDGMENTS, FORECLOSURES OR BANKRUPTCIES IN THE PAST 10 YEARS? YES NO			GROSS MO. INCOME	HAVE YOU HAD ANY JUDGMENTS, FORECLOSURES OR BANKRUPTCIES IN THE PAST 10 YEARS? YES NO			GROSS MO. INCOME
EXPLAIN: PREVIOUS EMPLOYER			YEARS	EXPLAIN: PREVIOUS EMPLOYER			YEARS
SOURCE OF OTHER INCOME (ALIMONY, CHILD SUPPORT ETC.)*			MO. AMOUNT	SOURCE OF OTHER INCOME (ALIMONY, CHILD SUPPORT ETC.)*			MO. AMOUNT
*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			
CREDIT INFORMATION				CREDIT INFORMATION			
NAME OF CREDITOR		BALANCE	PAYMENT	NAME OF CREDITOR		BALANCE	PAYMENT
BANK		BANK		BANK		BANK	
SAVINGS ACCT #		CHECKING ACCT #		SAVINGS ACCT #		CHECKING ACCT #	

I certify that the information given is true, correct and complete and is given for the purpose of obtaining credit, and Certified Capital, Inc. 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 _____

DATE _____

CO-APPLICANT'S SIGNATURE _____

DATE _____