

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 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	US Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	Married Unmarried Separated
Drivers' License Number		Expiration Date		Drivers' License Number		Expiration Date	
Current Street Address			Own Rent Other	Current Street Address			Own Rent Other
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	Cell/Mobile		Home Phone	Work Phone	Cell/Mobile	
Occupation			Years in Field	Occupation			Years in Field
Employer			How Long?	Employer			How Long?
Have you had any judgments, foreclosures or bankruptcies in the past 10 years? Explain: Yes / No			Gross Mo. Income	Have you had any judgments, foreclosures or bankruptcies in the past 10 years? Explain: Yes / No			Gross Mo. Income
Previous Employer			Years	Previous Employer			Years
Source of Other Income (Alimony, Child Support, ETC.)			Mo. Amount	Source of Other Income (Alimony, Child Support, ETC.)			Mo. Amount
<small>*SOURCE OF OTHER INCOME NEED NOT BE REVEALED IF YOU DO NOT WITH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION</small>				<small>*SOURCE OF OTHER INCOME NEED NOT BE REVEALED IF YOU DO NOT WITH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION</small>			

I certify that the information given is true, correct and complete and is given for the purpose of obtaining credit, and Orchard Trailers, 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