

CREDIT APPLICATION

APPLICANT INFORMATION:

FULL LEGAL NAME		DATE OF BIRTH	US CITIZEN? Yes/No		SOCIAL SECURITY NUMBER
CURRENT STREET ADDRESS			CITY	STATE	ZIPCODE YRS AT RESID
PREVIOUS STREET ADDRESS			CITY	STATE	ZIPCODE YRS AT RESID
HOME PHONE	OWN / RENT / OTHER?	MONTHLY PAYMENT	LANDLORD / MORTGAGE COMPANY		
BUSINESS PHONE	SELF EMPLOYED?	BUSINESS / EMPLOYER NAME	OCCUPATION	CITY OF EMPLOYER	YRS AT JOB
PREVIOUS EMPLOYER (IF WITH CURRENT EMPLOYER FOR LESS THAN 2 YEARS)			OCCUPATION	YRS AT JOB	
GROSS MONTHLY INCOME	ADDITIONAL MONTHLY INCOME AND SOURCE (ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE) INCOME NEED NOT BE REVEALED				
PERSONAL REFERENCES (TWO REQUIRED)					
NAME	ADDRESS	CITY	STATE	ZIPCODE	HOME PHONE WITH AREA CODE
NAME	ADDRESS	CITY	STATE	ZIPCODE	HOME PHONE WITH AREA CODE

CO-APPLICANT INFORMATION:

FULL LEGAL NAME		DATE OF BIRTH	US CITIZEN? Yes/No		SOCIAL SECURITY NUMBER
CURRENT STREET ADDRESS			CITY	STATE	ZIPCODE YRS AT RESID
PREVIOUS STREET ADDRESS			CITY	STATE	ZIPCODE YRS AT RESID
HOME PHONE	OWN / RENT / OTHER?	MONTHLY PAYMENT	LANDLORD / MORTGAGE COMPANY		
BUSINESS PHONE	SELF EMPLOYED?	BUSINESS / EMPLOYER NAME	OCCUPATION	CITY OF EMPLOYER	YRS AT JOB
PREVIOUS EMPLOYER (IF WITH CURRENT EMPLOYER FOR LESS THAN 2 YEARS)			OCCUPATION	YRS AT JOB	
GROSS MONTHLY INCOME	ADDITIONAL MONTHLY INCOME AND SOURCE (ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE) INCOME NEED NOT BE REVEALED				

By signing below, you authorize the bank to obtain a credit report in connection with this application. The undersigned represents that all information contained in this application for credit is true, complete, and correct.

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
X		X	

DEALER/ PURCHASING INFORMATION

ITEM BEING FINANCED			
NEW / USED	YEAR	MAKE	MODEL
SALES PERSON:			

D2 TRAILER SALES AND SERVICE

209-745-5480 / 209-745-5484 Fax

PO Box 5156 / 13246 W. STOCKTON BLVD

GALT, CA 95632
