

**INDIVIDUAL CREDIT APPLICATION**

**Texas Pride Trailers**  
**1241 Interstate 45 North,**  
**Madisonville TX 77864**

*Please return the signed application to Texas Pride Trailers*  
*Fax No: 936.348.7554 Phone: 936.348.7555*

I AM APPLYING FOR JOINT CREDIT \_\_\_\_\_ (applicant initials)

CO-APPLICANT NAME \_\_\_\_\_

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

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

**APPLICANT INFORMATION**

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

**EMPLOYMENT INFORMATION**

CHECK IF SELF EMPLOYED  CHECK IF RETIRED

CURRENT EMPLOYER (IF SELF EMP, ENTER BUSINESS NAME-IF RETIRED ENT INCOME SOURCE) \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
 POSITION \_\_\_\_\_ GROSS MONTHLY INCOME \_\_\_\_\_ HOW LONG? YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_  
 PREVIOUS EMPLOYER & ADDRESS (IF LESS THAN 2 YRS AT CURRENT) \_\_\_\_\_ YRS \_\_\_\_\_ SOURCE OF OTHER INCOME \_\_\_\_\_ MONTHLY AMOUNT \_\_\_\_\_  
 NAME OF NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 CURRENT ADDRESS \_\_\_\_\_

EQUIPMENT INFORMATION				<input type="checkbox"/> NEW	<input type="checkbox"/> USED	PRICE
YEAR	MAKE	MODEL	VIN#			
						+
YEAR	MAKE	MODEL	VIN#			
TRADE YEAR	MAKE	MODEL				
TRADE PAYMENT		LIENHOLDER				
<b>NOTICE TO DEALER:</b>						
THIS INFORMATION WILL BE USED TO PREPARE YOUR CUSTOMER'S						
CLOSING DOCUMENTS. INCORRECT INFORMATION WILL DELAY FUNDING						
						<b>REQUESTED AMOUNT</b> _____

The undersigned (1) makes 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 approved and that is is the Applicant's / Co-Applicant's responsibility to notify the Company of any changed 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 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 \_\_\_\_\_