

Fax Your Completed Form To: Golden Gait Trailers 704-743-5291
RETAIL CREDIT APPLICATION

Credit Applied For: Joint Individual

(A married applicant may apply for an individual account.)

1. APPLICANT: For an individual account, please complete this section and sign in Section 3.

(Please Print)

Date: _____

Last Name:	First Name:	MI:	Suffix:	DOB:	Social Security #:
_____	_____	_____	_____	____/____/____	____/____/____
Home Phone:		#DEP:	E-mail Address:		Drivers License #:
(____)____-____		_____	_____		_____

Residential Status:

Present Address:	Street Address or P.O. Box #:	City:	State:	Zip:
Yrs.____ Mos.____	_____	_____	_____	_____
<input type="radio"/> Buying <input type="radio"/> Renting	Mo. Rent/Mgt. pmt.	Personal Reference	Reference Phone:	
<input type="radio"/> Own	_____	(Not living with you)	(____)____-____	
Previous Address:		City:	State:	Zip:
Yrs.____ Mos.____		_____	_____	_____
(If less than 3 yrs at present)		_____		

Present Employer:	Name of Company:	City:	State:	Zip:
Yrs.____ Mos.____	_____	_____	_____	_____
Title/Position:	Income:	<input type="radio"/> Gross <input type="radio"/> Monthly		Employer Phone:
_____	\$____.____	<input type="radio"/> Net <input type="radio"/> Annual		(____)____-____

Other Income:	<input type="radio"/> Gross <input type="radio"/> Monthly	Source:	Type of Bank Account:	# of Bank Cards:
\$____.____	<input type="radio"/> Net <input type="radio"/> Annual	_____	<input type="radio"/> Checking <input type="radio"/> Savings	_____
(Alimony, Child Support or Separate Maintenance Income Need Not Be Disclosed Unless Relied Upon For Credit.)				

Previous Employer:	Name of Company:	City:	State:	Zip:
Yrs.____ Mos.____	(if less than 3 yrs at present)	_____	_____	_____

Nearest Relative:

Name:	Street Address or P.O. Box #:	City:	State:	Zip:
_____	_____	_____	_____	_____

2. JOINT APPLICANT: Complete this section only if this is a joint application and joint applicant will be contractually liable for repayment or if applicant is relying on another party's income. Joint applicant must sign in Section 3.

Last Name: _____ **First Name:** _____ **MI:** _____ **Suffix:** _____ **DOB:** ____/____/____ **Social Security #:** ____/____/____

Residential Status:

Present Address: **Street Address or P.O. Box #:** _____ **City:** _____ **State:** _____ **Zip:** _____
 Yrs. ____ Mos. ____

Present Employer: **Name of Company:** _____ **City:** _____ **State:** _____ **Zip:** _____
 Yrs. ____ Mos. ____

Title/Position: _____ **Income:** \$ _____ Gross Monthly Net Annual **Employer Phone:** (____) _____ - _____

Other Income: \$ _____ Gross Monthly Net Annual **Source:** _____ **Type of Bank Account:** Checking Savings **# of Bank Cards:** _____
 (Alimony, Child Support or Separate Maintenance Income Need Not Be Disclosed Unless Relied Upon For Credit.)

3. APPLICANT / JOINT APPLICANT: Please read and sign below.

Seller will submit your application to the appropriate finance institution for approval.

GGT may share with its affiliates any information regarding you or your applicant, acceptance, or credit experience with GGT. However you may request that this information not be shared with affiliates by notifying GGT by mail or phone at the location shown above or by initialing the line ____ Please DO NOT share information about me with your affiliates.

GGT may investigate your creditworthiness (including obtaining credit reports and verifying employment information) GGT may request a consumer report from consumer reporting agencies in considering your credit application. GGT may use any credit report obtained in connection with this application for future credit offers.

FROM TIME TO TIME, GGT WILL NOTIFY YOU WHEN ADDITIONAL FINANCIAL SERVICES ARE AVAILABLE, BY TELEPHONE AND/OR MAIL, AND THAT SUCH SERVICES MAY INCLUDE NEGOTIABLE CHECKS WHICH MAY ENDORSE TO OBTAIN A LOAN, OR DESTROY IF YOU DO NOT WISH TO ACCEPT THE LOAN OFFER. IF YOU DO NOT WISH TO RECEIVE THESE SOLICITATIONS, PLEASE STRIKE AND INITIAL THIS PARAGRAPH.

Applicants Signature **Date** **Joint Applicants Signature** **Date**

MERCHANT USE ONLY

Seller's Fax: (____) _____ - _____ **Tot. Purchase:** \$ _____ **Down Pmt. Amount:** \$ _____ **Trade-in:** \$ _____ **Net Balance:** \$ _____

Seller's Name: _____

Seller's Merchandise: _____