

PRINT THEN Fax To Franklin Trailers Inc. 856-753-5525 ATTENTION FINANCE DEPARTMENT

Legal Business Name _____ Date _____

Business Address _____

City _____ County _____ State _____ Zip _____

Contact Name _____ Business Phone (____) _____

Cell Phone (____) _____ Fax (____) _____ E-mail _____

Business Ownership: Sole Proprietor Partnership Corp.- F.I.D.# _____ in State of _____

Type of Business _____ **Business Start Date** _____

Intended Use of Trailer _____ **Note: Trailer must be for commercial use only where profit or loss for the business is reported for tax purposes.**

OWNERS/ OFFICERS/ PARTNERS

This information may be used to check the personal credit of individuals listed

Name _____ Title _____ % Ownership _____ Social Security # _____

Home Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Home: Own Rent Birthdate: _____ Drivers Lic# _____

Name _____ Title _____ % Ownership _____ Social Security # _____

Home Street Address _____ City _____ State _____ Zip _____


Home Phone _____ Home: Own Rent Birthdate: _____ Drivers Lic# _____

BANK INFORMATION

Bank Name _____ City/State _____

Phone (____) _____ Checking Acct. # _____ Date Opened _____

I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use. I (we) authorize the bank listed above to provide credit information to Advance Acceptance. I (we) understand that Advance Acceptance may use provided information to check personal credit of owners, officers or partners indicated above.

 When you apply for an account with us, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

Advance Acceptance will notify the equipment seller of credit decision unless otherwise directed:

No - notify me (us) by _____ Phone _____ Fax _____ E-mail _____

Transactions over \$50,000 require financial statements.

Signature: _____ **Title:** _____ **Signature:** _____ **Title:** _____

Applicant's Signature Required

Co-Applicant's (if any) Signature Required

EQUIPMENT SELLER **Franklin Trailers Inc.** E-MAIL _____

CONTACT _____ PHONE (**856**) **753-4600** FAX (**856**) **753-5525**

TRAILER MFGR _____ MODEL _____ TYPE OF TRAILER _____

SIZE _____ GW CAPACITY _____ TOTAL PRICE \$ _____ TERM _____
INCLUDING TAX MONTHS

SELECT THE FINANCING PLAN DESIRED:

- STANDARD PAYMENT PLAN
- PROMOTIONAL PLAN CODE: _____

FAX APPLICATION TO:

856-753-5525
Franklin Trailers Inc.