



INDIVIDUAL CREDIT APPLICATION

1706 Tennon Pkwy # 160
 Colleyville, TX. 76034
 PH: (800) 607-1108
 Fax: (800) 471-4842

CO-APPLICANT NAME: _____

DATE _____ DEALER NAME _____ SALES PERSON _____

DEALER PHONE _____ DEALER FAX _____

APPLICANT INFORMATION

FIRST NAME _____ LAST NAME _____ MIDDLE _____ JR/SR _____

CURRENT ADDRESS (P.O. BOX NOT ALLOWED) _____ CITY _____ STATE _____ ZIP _____ HOW LONG? YRS MOS _____

PREVIOUS ADDRESS (IF < 2 YRS AT CURRENT) _____ CITY _____ STATE _____ ZIP _____ HOW LONG? YRS MOS _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ SOCIAL SECURITY _____ DATE OF BIRTH _____

CURRENT HOUSING PAYMENT _____

EMPLOYMENT INFORMATION

CHECK IF W-2 CHECK IF 1099 CHECK IF SELF-EMPLOYED CHECK IF RETIRED

CURRENT EMPLOYER (IF SELF-EMPLOYED ENTER BUSINESS NAME- IF RETIRED ENTER INCOME SOURCE) _____ BUSINESS TELEPHONE NUMBER _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ GROSS MONTHLY TAXABLE INCOME _____ HOW LONG? YEARS MONTHS _____

PREVIOUS EMPLOYER (IF < 2 YRS AT CURRENT) _____ YEARS _____ SOURCE OF OTHER TAXABLE INCOME _____ MONTHLY AMOUNT _____

EQUIPMENT INFORMATION

NEW USED PRICE _____

YEAR _____ MAKE _____ MODEL _____ TAX/TITLE/LICENSE + _____

TOTAL = _____

TRADE YEAR _____ TRADE MAKE _____ TRADE MODEL _____ TRADE ALLOWANCE - _____

TRADE PAYOFF + _____

TRADE PAYMENT _____ LIENHOLDER _____ CASH DOWN PAYMENT - _____

NOTICE TO DEALER: THIS INFORMATION WILL BE USED TO PREPARE YOUR CUSTOMER'S CLOSING DOCUMENTS. INCORRECT INFORMATION WILL DELAY FUNDING

REQUESTED AMOUNT _____

By submitting this information, you (1) make 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 application is approved and that it is the Applicant's / Co-Applicant's responsibility any change 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 notify the Company of 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 _____