

Credit Application

1706 Tennison Pkwy Ste 160 Colleyville, TX 76034 PH: (800) 607-1108 Fax: (800) 471-4842

Send applications to apps@Rocksolidfunding.com

DEALER INFORMATION						
SALES ASSOCIATE:						
DEALER NAME APPLICANT INFORMATION				DEALER PHONE NUMBER JOINT APPLICANT INFORMATION		
FULL FIRST NAME	MI LAST		FULL FIRST NAME	MI LAST		
EMAIL ADDRESS			EMAIL ADDRESS			
STREET ADDRESS	APT#	HOW LONG?	STREET ADDRESS	AI	T# HOW LONG?	
CITY	STATE ZIP	YRS. M	MOS. CITY	STATE ZIP	YRS. MOS. HOME PHONE	
DATE OF BIRTH	SOCIAL SEC	CURITY NUMBER	DATE OF BIRTH	SOCIAL	SECURITY NUMBER	
☐ RENT/LEASE ☐ OT EMPLOYMENT	/E WITH RELATIVE HER	MONTHLY PAYMENT	☐ RENT/LEASE	☐ LIVE WITH RELATIVE ☐ OTHER	MONTHLY PAYMENT \$	
EMPLOYER NAME		HOW LONG?	EMPLOYER NAME		HOW LONG?	
EMPLOYER ADDRESS		YRS. N	MOS. EMPLOYER ADDRESS		YRS. MOS.	
POSITION/TITLE	WORK PHONE	GROSS MONTHLY SALARY	POSITION/TITLE	WORK PHONE	GROSS MONTHLY SALARY	
OTHER INCOME SOURCE		MONTHLY AMOUNT	OTHER INCOME SOURCE		MONTHLY AMOUNT	
PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS)		HOW LONG?			HOW LONG?	
REFERENCES		YRS.	MOS. YRS. MO			
		Relationship	NEAREST RELATIVE (NOT LIVING WITH YOU) Relationship			
ADDRESS		PHONE ()	HONE ADDRESS		PHONE ()	
SIGN						
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. **CO-APPLICANT'S SIGNATURE MEANS YOU INTEND TO APPLY FOR JOINT CREDIT.**						
XSIGNATURE OF APPLICANT DATE			XSIGNATURE OF	JOINT APPLICANT	DATE	
PROPOSED DEAL STRUCTURE COLLATERAL INFORMATION						
RETAIL			COLLAI	TRADE IN (OPTIONAL):		
		NEW				
SALES TRICE #			□ USED			
TAX/TITLE/LICENSE \$		YEAR		YEAR		
DOWN PAYMENT \$	OOWN PAYMENT \$			MAKE		
REQUESTED AMOUNT \$				MODEL		