



Trident Funding Corporation

APPLICATION FOR SECURED CREDIT

HOW DID YOU HEAR ABOUT US?				HOW WILL YOU BE TAKING TITLE <input type="checkbox"/> Individually <input type="checkbox"/> Jointly <input type="checkbox"/> LLC or Corporate <input type="checkbox"/> Trust			
TRANSACTION INFO		<input type="checkbox"/> Purchase <input type="checkbox"/> Pleasure <input type="checkbox"/> Dealer or Broker		<input type="checkbox"/> Refinance or Cash Out <input type="checkbox"/> Liveboard <input type="checkbox"/> Private Sale		Purchase Price Or Present Value	
VESSEL DESCRIPTION		<input type="checkbox"/> New <input type="checkbox"/> Used		Dealer/Broker or Seller Name		Equip. Adds	
Model Year	L.O.A.	Beam	Builder or Manufacturer		Model		Sales Tax _____ %
Type (i.e. Motor Yacht, etc.)	Engine(s) Mtr		<input type="checkbox"/> Single <input type="checkbox"/> Twin	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel	H.P.		Total Cost
Boating Experience (No. Years)		Description of Trade Vessel				Net Trade Or Equity	
APPLICANT		First Name		Middle Initial		Last Name	
Home Address		Social Security No.		Date of Birth		Loan Amount	
City		State		Zip		TERM: <input type="checkbox"/> 10 Yrs <input type="checkbox"/> 12 Yrs <input type="checkbox"/> 15 Yrs <input type="checkbox"/> 20 Yrs <input type="checkbox"/> Other _____	
RESIDENCE PH. ()	BUSINESS PH. ()	CELL PH. ()	E-MAIL		FAX NUMBER ()		
Previous Address		City		State		Zip	
Nearest Relative (not living w/you)		Relationship	Address		City	State	Zip
EMPLOYER		Firm Name		Position		No. Yrs.	
Address		City		State		Zip	
Previous Employer		City		State		Zip	
CO-APPLICANT		First Name		Middle Initial		Last Name	
Home Address		City		State		Zip	
City		State		Zip		Date of Birth	
Social Security No.		Relationship to Applicant		Home Phone ()		Work Phone ()	
EMPLOYER		Firm Name		Position		No. Yrs.	
Address		City		State		Zip	
Type of Business		City		State		Zip	
INCOME	WAGES	INTEREST/DIV	NET RENTAL	DISTRIBUTIONS	PENSIONS/SS INC	OTHER INCOME	TOTAL INCOME
Applicant							
Co-Applicant							
MO. RENT OR MTGE PMT (residence)		MTGE PAYABLE TO (list name and acct #)					

• I (we) authorize Trident Funding Corporation to obtain information in connection with this application including credit investigation, employment history and any other information necessary to evaluate credit. Upon request, I (we) will be informed as to whether or not a credit report was requested by Trident Funding Corporation in conjunction with this application and if a report was requested, I (we) will be informed as to the name and address of the consumer reporting agency that furnished the report. Furthermore, this application shall remain the property of Trident Funding Corporation.

- Income derived from alimony, child support or other maintenance payments need not be disclosed when applying for credit.
- I (we) have read the foregoing information carefully and certify that it is true, correct and complete.

PLEASE SIGN BELOW

DATE

Applicant _____

Are you a U.S. Citizen? _____
If not, What Country? _____

Co-Applicant _____

Are you a U.S. Citizen? _____
If not, What Country? _____

PATRIOT ACT NOTICE: To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. For the purposes of this section, account shall be understood to include loan accounts.