



Trident Funding Corporation

APPLICATION FOR SECURED CREDIT

HOW WILL YOU BE APPLYING: Individually Jointly LLC or Corporate Trust HOW DID YOU HEAR ABOUT US? _____

TRANSACTION INFO		<input type="checkbox"/> Purchase	<input type="checkbox"/> Pleasure	<input type="checkbox"/> Dealer or Broker	Purchase Price Or Present Value		
		<input type="checkbox"/> Refinance or Cash Out	<input type="checkbox"/> Liveaboard	<input type="checkbox"/> Private Sale			
VESSEL DESCRIPTION		<input type="checkbox"/> New	Dealer/Broker or Seller Name		Equip. Adds		
		<input type="checkbox"/> Used					
Model Year	L.O.A.	Beam	Builder or Manufacturer		Type (i.e. Motor Yacht, etc.)	Sales Tax _____ %	
Model		Engine(s) Mfgr	<input type="checkbox"/> Single	<input type="checkbox"/> Gas	H.P.	Total Cost	
			<input type="checkbox"/> Twin	<input type="checkbox"/> Diesel			
Boating Experience (Describe last two vessels owned)			Description of Trade			Net Trade Or Equity	
BORROWER		First Name	Middle Initial	Last Name		Cash Down	
Home Address			Social Security No.	Date of Birth		Loan Amount	
City			State	Zip	<input type="checkbox"/> Own No.Years	TERM:	
					<input type="checkbox"/> Rent _____	<input type="checkbox"/> 10 Yrs <input type="checkbox"/> 12 Yrs <input type="checkbox"/> 15 Yrs <input type="checkbox"/> 20 Yrs	
RESIDENCE PH.	BUSINESS PH.	CELL PH.	E-MAIL			FAX NUMBER	
()	()	()				()	
Previous Address			City	State	Zip	<input type="checkbox"/> Own No. Years _____	
						<input type="checkbox"/> Rent _____	
Nearest Relative not Living w/You	Relationship	Address, City, State, Zip				Home Phone	
						()	
EMPLOYER	Firm Name			Position	No. Yrs.		
Address	City	State	Zip	Type of Business			
Previous Employer	City	State	Zip	Position	No. Yrs.		
CO-APPLICANT	First Name	Middle Initial	Last Name		Home Phone		
						()	
Home Address			<input type="checkbox"/> Own	No. Yrs.	Work Phone		
			<input type="checkbox"/> Rent		()		
City	State	Zip	Date of Birth	Social Security No.	Relationship to Applicant		
EMPLOYER	Firm Name			Position	No. Yrs.		
Address	City	State	Zip	Type of Business			
ANNUAL 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 #)			TOTAL OTHER MONTHLY PMTS	

- 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? _____