



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 and/or Trident's lender(s) 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? _____