

BUSINESS INFORMATION

Name of Business		Tax I.D. Number	
Legal (if different)			
Date Established (if less than one year please provide recap of prior experience)			
Primary Address			
City	State	Zip	
Secondary Address (if applicable)			
City	State	Zip	
Phone	Fax	Email Address	

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name/Title	% Ownership*	Home Address	City, State, Zip	Phone/Social Sec. #

* % Ownership must total 100%

BANK REFERENCES

Name of Bank	Name to Contact
Branch	Address
Checking Account Number	Telephone Number

TRADE REFERENCES

Firm Name	Contact Name	Telephone Number	Open Since

**DEALER
DOCUMENTATION
TO BE ATTACHED TO
THIS APPLICATION**

- 1 Completed original copy of this Dealer Application.
- 2 Business Tax Returns and Corporate Financial Statement
- 3 A photocopy of your Dealer License.

Send or Fax to:

AUTO·USE

c/o Dealer Development
45 Haverhill Street
Andover, MA 01810
Phone (978) 475-4883
Fax (978) 684-5279

GENERAL BUSINESS INFORMATION

1. DEALERSHIP STRUCTURE:

Corporation Partnership Sole-Proprietor

Franchise Independent

Owned Leased – Landlord _____ Phone _____

2. DEALERSHIP PROFILE:

Fax Machine Dedicated Fax Line Computer to do Contracts

An average of _____ cars in inventory.

Cars with model years averaging (i.e. 1995, 1996. etc.) _____

Average sales price between the ranges of: (check correct box below)

0 – \$3,500 \$3,501 – \$5,000 \$5,001 – \$7,500 \$7,501 – \$10,000 Over \$10,000

A total of _____ employees.

3. DEALERSHIP SUPPLIERS:

Floor Plan Source(s)			
Name of Business		Name of Business	
Address		Address	
City	State	Zip	
City	State	Zip	
Contact Name		Contact Name	
Phone	Credit \$	Phone	Credit \$

Finance Sources Used	Contracts Per Month	Contact Name	Phone
1			
2			
3			

Warranty Programs Sold	Contracts Per Month	Contact Name	Phone
1			
2			
3			

4. PRODUCT NEEDS:

Retail Financing Floor Plan Floor Plan Request \$ _____

SCHEDULE OF U.S. GOVERNMENTS STOCKS AND BONDS

No. of Shares or Face Value (Bonds)	Description	In Name of	Market Value

SCHEDULE OF REAL ESTATE MORTGAGES RECEIVABLE

Description of Property Covered	Date of Acquisition	In Name of	Amount	Maturity

SCHEDULE OF REAL ESTATE OWNED

Description of Property and Improvements Covered	Date of Acquisition	Title in Name of	Cost	Market Value	Mortgage	
					Amount	Mortgagor

SCHEDULE OF LIFE INSURANCE CARRIED, INCL. N.S.L.I. AND GROUP INSURANCE

Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans

SCHEDULE OF ASSETS PLEDGED

Description	Value	To Whom Pledges

GIVE NAMES OF BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name	Date	Basis

I hereby certify that the facts set forth in this Personal Financial Statement and application are true and complete to the best of my knowledge. The Lender is hereby authorized to make any investigation, permitted by law, of my credit history.

Signed under penalties of perjury this _____ day of _____, 20_____

Signature of Principal(s) and guarantors

Signature of Principal(s) and guarantors

Signature of Principal(s) and guarantors

Signature of Principal(s) and guarantors