



Application

Company Legal Name: _____ Date: _____

Company DBA(s): _____

Principal Address:	City:	State:	Zip:
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Business e-mail address:	Web Site:	Contact Name:
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Date Established: Years at Location:	No. of Sales Locations:	Telephone:	Fax:
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Years Under Current Management:	Type of Ownership: (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		
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Principals:

Name:	Title:	Percent of Ownership:	Social Security Number:
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Home Address:	City:	State:	Zip Code:	DOB: / /
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Name:	Title:	Percent of Ownership:	Social Security Number:
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Home Address:	City:	State:	Zip Code:	DOB: / /
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Name:	Title:	Percent of Ownership:	Social Security Number:
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Home Address:	City:	State:	Zip Code:	DOB: / /
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Please List Any and All Affiliations or Buyer's Groups: _____

Are You a Licensed Insurance Agent?	License Number(s):	State(s) Licensed In:
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Is Financing Centralized?	Finance Manager:	Location:
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Sales Volume Information:

Retail Sales YTD:	Units Sold YTD:	Retail Sales Last Year:	Units Sold Last Year:
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Percentage of Business That is Currently:

Chattel: New Used	Land Home: Conforming FHA Non Conforming Refi: Repo:
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References:

Bank:	Contact:	Telephone:	Average Balance:
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Trade:	Contact:	Telephone:	Credit Terms:
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Retail:	Contact:	Telephone:	Balance:	Credit Line:
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Inventory Financing	Contact:	Telephone:	Balance:	Credit Line:
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Inventory Financing	Contact:	Telephone:	Balance:	Credit Line:
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