

BUSINESS INFORMATION

Name of Business		Date Established	
Legal (if different)	Tax I.D. Number		<input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler
Address (list all locations)	City	State	Zip
Address	City	State	Zip
Phone	Cell Phone	Fax	Email
Nearest relative not living with you	Address		Phone

BANK REFERENCE

Name of Bank
Address
Contact
Checking Account Number
Phone Number

DEALER INFORMATION

<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
Year to Date Sales _____		
Current Floor Plan Source _____		
Floor Plan Line Amount \$ _____		
Floor Plan Contact _____		
Phone () _____		

COMPANY OWNERS (LIST ALL)

Name/Title	Street Address	City, State, Zip	% Ownership*	Social Sec. #	Phone
1					
2					
3					

* % Ownership must total 100%. If additional owners please fax above information and signatures separately.

Auction Reference
Contact
Phone Number

IMPORTANT By signing this agreement I certify that I have full authority to sign; all the information contained herein is true and correct in all respects; and the business (company) and I personally hereby agree to, and be bound by, the Floor Plan Financing General Terms and Conditions a copy of which I will receive and the terms of which are incorporated herein (front and back). The company and each individual owner shall be jointly and severally liable for all indebtedness and charges incurred by the use of any credit line issued pursuant to this agreement. By signing below I/we authorize Auto Use to research my/our personal credit history including obtaining credit bureau reports.

_____	_____	_____
Signature of Dealer Owner	Signature of Dealer Owner	Signature of Dealer Owner

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

- 1 Completed original copy of this Dealer Application.
- 2 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) 684-5241