

# DEALER QUESTIONNAIRE/APPLICATION

Please complete the following information

Dealership Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax Phone \_\_\_\_\_

Principals \_\_\_\_\_ General Manager \_\_\_\_\_

Finance Manager \_\_\_\_\_ Dealer License Number \_\_\_\_\_

## FINANCIAL INFORMATION

Primary Bank Affiliate: (Name & Address)

\_\_\_\_\_

Flooring Source: (Name & Address)

\_\_\_\_\_

Current Retail Financing Sources: (Name & Address)

1. \_\_\_\_\_

2. \_\_\_\_\_

Sub-Prime Credit - Finance Sources: (Name & Address) (Advance/Discount/Fee)

1. \_\_\_\_\_

2. \_\_\_\_\_

## VEHICLES SOLD

Brand of Products Sold: \_\_\_\_\_

Inventory Average of New Vehicles \$ \_\_\_\_\_ Used Vehicles \$ \_\_\_\_\_

Most Model Years Sold \_\_\_\_\_ Average Amount Financed \$ \_\_\_\_\_

Years in Business \_\_\_\_\_ Units sold last year \_\_\_\_\_

## SERVICE/WARRANTY COMPANIES

List the Warranty Companies used: \_\_\_\_\_

Where is the Warranty work done: \_\_\_\_\_

What is the name/address of affiliate Service garage? \_\_\_\_\_

Who is the Service Manager/phone number? \_\_\_\_\_

## REQUIREMENTS CHECKLIST

Authorized Dealer Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Financial Statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dealer Questionnaire	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your Retail Installment Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Report on Principal(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Current Tax Return	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bank Statement(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dealer License and Surety Bond	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Photographs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Auction Reference	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ACKNOWLEDGMENT

Date \_\_\_\_\_

Dealer Name: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_