



Amount Requested: \$ _____

Preferred Branch: _____

DEALERSHIP INFORMATION

Company Legal Name: _____

DBA (if applicable): _____

Corporation Partnership Sole Prop LLC

Physical Address: _____

City: _____ State: _____ Zip: _____

Own Rent - Monthly Rent: \$ _____

Phone: _____

Email: _____

Years in Business: _____ Years at Present Location: _____

Years in the Industry: _____

Dealership Services

Mechanical Body Shop Detail

BHPH – if so, what % _____

Other (Describe): _____

Sold Per Month: _____ Avg. Purchase Price: _____

Avg. Days to Sell: _____

Do You Wholesale? No Yes - # Per Month: _____

Lot Capacity: _____ Current Inventory: _____

Units Owned Outright: _____ Estimated Value: \$ _____

Lot Description

Paved Fenced Warehouse Lights

Permanent Sign Other (Describe) _____

Second Location

Second Location Address: _____

City: _____ State: _____ Zip: _____

OWNER / OFFICER INFORMATION #1

Owner / Officer Name: _____

Job Title: _____

Ownership %: _____ Are you a US Citizen: Yes No

If no, are you a permanent resident: Yes No

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

Phone: _____

Email: _____

Auction Access Number: _____

OWNER / OFFICER INFORMATION #2

Owner / Officer Name: _____

Job Title: _____

Ownership %: _____ Are you a US Citizen: Yes No

If no, are you a permanent resident: Yes No

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

Phone: _____

Email: _____

Auction Access Number: _____

OTHER FLOORPLANS

Name: _____ Line of Credit: \$ _____

Name: _____ Line of Credit: \$ _____

Name: _____ Line of Credit: \$ _____

Name: _____ Line of Credit: \$ _____

PERSONAL FINANCIAL INFORMATION

Owner / Officer #1

Cash Available: \$ _____

Real Estate 1: Estimated Value: \$ _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Real Estate 2: Estimated Value: \$ _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Real Estate 3: Estimated Value: \$ _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Owner / Officer #2

Cash Available: \$ _____

Real Estate 1: Estimated Value: \$ _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Real Estate 2: Estimated Value: \$ _____

Physical Address: _____

City: _____ State: _____ Zip: _____

I hereby certify that the information contained within this application and on any accompanying financial statements is true, complete, and accurate and portrays a true financial picture of the dealership, the officers (if applicable), the stockholders (if applicable), and the guarantors. I authorize AuctionCredit to obtain credit and/or background information about me from one or more credit bureaus, any financial institution or trade creditor that I have provided, federal state and/or background investigation of me that AuctionCredit in AuctionCredit's sole discretion deems necessary for purposes of including, but not limited to assessing my credit worthiness, collection of any outstanding debt, and obtaining intercreditor agreements and perfecting AuctionCredit's security interest (hereinafter collectively referred to as "Credit Screening"). I also authorize AuctionCredit to contact any third parties and to disclose information, including information contained in this application, for purposes of Credit Screening. I also authorize AuctionCredit to disclose the above described information to any of its affiliates, subsidiaries and parent companies. Further, if a credit line is granted, I authorize AuctionCredit to review my account periodically, which could include obtaining additional credit reports for the purpose of Credit Screening. I authorize AuctionCredit to disclose my credit information into any credit database. I authorize AuctionCredit, its affiliates, subsidiaries and parent companies to a) send facsimile transmission to me at the facsimile numbers listed as my facsimile number in any communication sent from time to time by me; b) make telephone calls to me at the telephone numbers listed as my telephone number in any communication sent from time to time by me; c) send emails to me at the email addresses listed as my email address in any communication sent from time to time by me; and d) communicate to me via any and all other forms of communication, for the purposes of including, but not limited to marketing, collection and any other communication needs. I agree that this permission will remain in effect until canceled by me in writing.

Signature: _____ Date: _____

Co-Signature: _____ Date: _____

Application Checklist

APPLICATION CHECKLIST

- Completed / Signed application
- Copy of current driver license (all applicants)
- Last three months business bank statements
- Copy of printed business check with DBA name
- Current receivables report from all other floorplans
- Proof of lot insurance
- Pictures of dealership
 - Lot
 - Inside office
 - Permanent sign
- BHPH receivables listing

*Additional documents may be
required upon request*

FOR APPLICATIONS OVER \$150,000

- Previous year completed tax return (all pages)
 - Business
 - Personal



Your Floorplan Provider
1-844-356-6722