

**ADVANTAGE 1 FINANCIAL
DEALER APPLICATION**

Date _____

Business Name (Full Legal Name): _____

Doing Business As: _____

Phone: _____ Fax: _____

Principal Address: _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ County: _____ State: _____ Zip: _____

Years at Present Address: _____ Years at Previous Address: _____

Date Business Established: _____ Years Under Current Management: _____

Fiscal Year End: _____ Headquarters Address (If different): _____

Principal Contact: _____ Title: _____

Person who Handles Finance Packages and/or Closings: _____

Accounting Staff: _____

OTHER LOCATIONS (Please attach list if more than two other locations)

_____ Phone: _____

_____ Phone: _____

Organization: PLEASE CHECK ONE: Corporation Proprietorship Partnership Sub Chapter S
 Limited Liability Co.

Does your company use computers? Yes No Operating System: Windows Dos
Internet Capabilities? Yes No

What is your company's Web site address? _____

Federal Tax I.D.#: _____ e-mail Address: _____

Sales Finance License #: _____ Sales Tax Rate: _____ Any Special Taxes? _____

PRINCIPALS

Name: _____ Title: _____ % of Ownership: _____

Home Address: _____ SS#: _____

Name: _____ Title: _____ % of Ownership: _____

Home Address: _____ SS#: _____

Name: _____ Title: _____ % of Ownership: _____

Home Address: _____ SS#: _____

Business Manager: _____ Sales Manager: _____