

SOUTHEAST AUTO FINANCIAL SERVICES

Dealer Agreement

Date: _____

Business Name: _____ Date Established: _____

Address: _____

Type (New or Used): _____ # of Locations: _____

Main Office Phone #: _____ Business Office Phone #: _____

Fax #: _____ Email Address: _____

Website: _____

Please supply Dealer License #: _____

Principles / Officers:

Name/Title: _____ / _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name/Title: _____ / _____ SS# _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Holding Company or Other Trade Name: _____

Trade References:

Names/Addresses/Phone

Business Checking Account:

Bank: _____

Address: _____

Contact Person: _____ Phone #: _____

Floor Plan:

Name: _____ Credit Limit: _____

Address: _____ Balance: _____

Contact Person: _____ Phone# _____

Other Credit Lines / Loans:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Authorized to buy at the following auctions (Names /Phone Numbers):

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

Business Landlord/Mortgage Company:

Name: _____ Phone #: _____

Address: _____ City/State/Zip _____

Southeast Auto Financial Services is authorized to investigate my (our) credit records and to verify the information provided above. I (we) hereby certify that the statements made above are true and correct.

Signature of Officer

Date

Signature of Officer

Date