



Finance Company, Inc.

8407 FALLBROOK AVE SUITE 250
WEST HILLS, CA 91304
(800) 761-8920 • Fax (818) 721-3811
www.topfinance.com

Dealer Application

Legal Name: _____

DBA: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ FAX Number: (_____) _____

E-Mail: _____ Cell: (_____) _____

[Attach sheet for additional locations]

Landlord Name: _____ Phone Number: (_____) _____

Effective date of current lease ____/____/____ Expiration date: ____/____/____

Please check one: Corporation Sole Proprietor Partnership

Federal Tax I.D. Number: _____ - _____ Date Established: ____/____/____

Please check one: Dealertrack RouteOne ODE

Current number of vehicles in inventory: _____

Average number of vehicles in inventory: _____

Average number of Unit sales per month: _____

Expected number of deals to fund monthly with TFC: _____

INVENTORY FLOOR-PLAN LINE:

Primary Floor-plan Company: _____ Account Number: _____

Credit Limit: \$ _____ Phone Number: _____

Current Balance \$ _____

Secondary Floor-plan Company: _____ Account _____ Number: _____

Credit Limit: \$ _____ Phone Number: _____

Current Balance \$ _____

OFFICERS/OWNERS: (Use additional sheets if necessary)

1. Name: _____ Title: _____

Home Address: _____

City, State, Zip: _____

SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

2. Name: _____ Title: _____

Home Address: _____

City, State, Zip: _____

SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

BANK REFERENCES:

Name: _____ Account Number: _____

Account established since: _____ / _____ Average Balance: \$ _____

Bank Contact Name: _____ Phone Number: (_____) _____

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Please submit the following items with this application.

- **Copy of Dealer license**
- **Copy of Dealer Bond**
- **Copy of Sales tax permits (board of Eq.)**
- **Copy of ID (CDL) for owners/ principle(s)**
- **Copy of 3 most recent 3 months bank statements or CPA prepared financials.**

Applications will not be processed if any of the listed items is missing.

AUTHORIZED SIGNATURE

TITLE

I certify that the information provided herein is true, complete, and correct to the best of my knowledge and belief. Furthermore, I authorize TOP FINANCE COMPANY, INC., or any of its subsidiaries, parent company or affiliates to obtain an investigative consumer and/or credit report in order to evaluate this application on a periodical basis.

Name (typed or printed)

(Signature)