



## Dealer Application

### General Business Information

Registered Business Name:		
DBA Name:		
Address:		How long?
City:	State:	ZIP:
Phone:	Fax:	
In Business Since:        /        /	Dealer License# (Please attach copy) :	

### Legal Structure and Ownership

Business Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____		
<u>Owners / Principals</u>		Ownership
Name:	Title:	%
Name:	Title:	%
Name:	Title:	%

### Owner Information

Name (First, Middle Last):		
Current Home Address:	Yrs.    Months	<input type="checkbox"/> Own <input type="checkbox"/> Rent
City:	State:	ZIP:
Home Phone:	Mobile Phone:	Social Security Number :    -    -
Birth date:        /        /	Drivers License#:	No. of Dependents:
Previous Home Address:	Yrs.    Months	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Mortgage Holder/Landlord (Name, Address, Zip)	Acct No:	Phone

### Owner Information

Name (First, Middle Last):		
Current Home Address:	Yrs.    Months	<input type="checkbox"/> Own <input type="checkbox"/> Rent
City:	State:	ZIP:
Home Phone:	Mobile Phone:	Social Security Number :    -    -
Birth date:        /        /	Drivers License#:	No. of Dependents:
Previous Home Address:	Yrs.    Months	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Mortgage Holder/Landlord (Name, Address, Zip)	Acct No:	Phone



<b>Banking and Financing Information</b>		
<b>Checking Account</b>		
Bank Name:		
Address:		How long?
City:	State:	ZIP:
Phone:	Fax:	
<b>Vehicle Financing (What finance companies do you currently work with?)</b>		
Company Name:	Company Name:	
How long?	How long?	
# Units Financed?	# Units Financed?	
<b>Floorplan/Inventory Lender(s) (Please list below)</b>	<b>Auction(s) used (Please list below)</b>	
<b>Additional Information</b>		
Has your company ever filed for Bankruptcy protection? <input type="checkbox"/> No <input type="checkbox"/> Yes    Date:    /    /		
Are you aware of any judgments or liens placed against your company? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes describe below.		
How many locations do you operate?	What percent of sold cars are financed?	
How many cars do you sell on average, per month; for all locations?		
Describe the types of vehicles you sell (years, makes, models, average miles, etc.)		
Who are your managers?		
Finance Manager:	Phone:	
Sales Manager:	Phone:	
Other:	Phone:	



**Reference 1**

Company:		
Address:		How long?
City:	State:	ZIP:
Contact Name:	Phone:	

**Reference 2**

Company:		
Address:		How long?
City:	State:	ZIP:
Contact Name:	Phone:	

**Reference 3**

Company:		
Address:		How long?
City:	State:	ZIP:
Contact Name:	Phone:	

**Authorization and Certification**

The undersigned hereby certifies that the foregoing information is true and complete and made for the purpose of determining the undersigned's eligibility for credit. The undersigned agree that this application shall remain in Turner Acceptance Corp's property whether or not accepted. The undersigned further authorizes Turner Acceptance Corp. to make all inquiries deemed necessary to verify the accuracy of the statements made herein, and to determine the creditworthiness of the undersigned by procuring consumer reports from consumer reporting agencies and credit information from other financial institutions and extenders of credit, references, present and former employers, merchants, landlords, and creditors.

Owner's Name (please print):	Title:
Owner's Signature:	Date:        /        /
Owner's Name (please print):	Title:
Owner's Signature:	Date:        /        /