



DEALER APPLICATION

Legal Name of Dealer: _____, Years in Business: _____

Physical Address: _____

Mailing Address: _____

Primary Contact: _____, Phone: _____

Is Dealership a Corporation? (Yes / No) If "Yes": State? _____, Tax ID: _____

President Name: _____, Phone: _____

Secretary Name: _____, Phone: _____

Is Dealership a Sole Proprietorship? Yes / No

Owner's Name: _____, Phone: _____

Is Dealership a Partnership? Yes / No (if "Yes", list all partners)

Name: _____, Phone: _____

Name: _____, Phone: _____

Name: _____, Phone: _____

Business References:

Bank Name: _____, Branch: _____

Contact: _____, Phone: _____

Trade Reference: _____, Type: _____

Contact: _____, Phone: _____

Trade Reference: _____, Type: _____

Contact: _____, Phone: _____

List all persons authorized to execute the assignment of contracts:

Name: _____, Title: _____

Name: _____, Title: _____

Name: _____, Title: _____

Attach the following to this completed application:

Copy of Dealer Insurance Policy

Dealertrack ID: _____

Copy of Dealer License

RouteOne ID: _____

Copy of Dealer Bond

Copy of Resale License

Dealer Fax #: _____

Submit all documents to:

Mail: 1485 River Park Dr., Suite 100, Sacramento, CA 95815

Fax: 916-484-9320

eMail: stevec@eliteacceptance.com