

DealerDashboard.com



Expect More Discover More

Thank You for your interest in Dealer Floor Plan Financing. Upon completion of enclosed application, you will need to include the following documents for processing:

- Signed, completed application***
- Copy of Drivers license***
- Copy of Dealers license***
- Copy of Business check***
- Completed DAP Insurance form***

If your business type is a Corporation, LLC, or Partnership you will need to also include the following:

- Articles of Incorporation, Articles of Organization, or Partnership Agreement.***

You can fax completed package to (513) 5572901 or scan / email or snail mail to:

***DealerDashboard.com
670 Northland Blvd.
PO Box 18137
Cincinnati, Ohio 45218-0137***

If you have any questions, please contact us at (513) 5572901

Thank you for your time and we look forward to doing business with you in the future.

Team

***DealerDashboard.com
Floorplan@DealerDashboard.com***

DealerDashboard.com
 PO Box 18137
 670 Northland Blvd. 18137
 Cincinnati, Ohio 45218
 (513) 557-2901



Dealer Services Corporation

CONFIDENTIAL APPLICATION FOR FLOORPLAN LINE OF CREDIT

Form 1-300

BUSINESS INFORMATION

Exact Legal Name:			
DBA Name:			
Requested Floorplan Amount \$:	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole-Prop <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		
Have you applied with DSC before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When? / /	What location?	
Federal Tax ID:	Dealer License #:	Expiration Date: / /	
State of Incorporation or Residence:		State Tax ID:	
Phone #:	Fax #:	Business Email:	
Physical Address:		Mailing Address:	
City, State, Zip, County:		City, State, Zip, County:	

DEALERSHIP INFORMATION

<input type="checkbox"/> Own or <input type="checkbox"/> Rent your Lot	Dealership does <input type="checkbox"/> Retail or <input type="checkbox"/> Wholesale Only	Year Business Started:	# of Employees:
Average # of Sales/Mth:	Average Price/unit:	# of vehicles lot will hold?	How many units on lot now?
Services you offer: <input type="checkbox"/> Mechanical <input type="checkbox"/> Insurance <input type="checkbox"/> Warranties – List Name(s) of Warranty Co: <input type="checkbox"/> Consignment <input type="checkbox"/> Body Shop <input type="checkbox"/> BHPH – List Name(s) of Finance Co:			
Where are the majority of your units obtained? <input type="checkbox"/> Auction <input type="checkbox"/> Wholesalers <input type="checkbox"/> Retailers <input type="checkbox"/> Trade-Ins <input type="checkbox"/> Internet <input type="checkbox"/> Other, Explain:			

BANKING INFORMATION

Bank Name: <input type="checkbox"/> Business <input type="checkbox"/> Personal	City, State:	Contact Name:
Checking Account #:	Bank Routing #:	Bank Phone #:

FLOORPLANNING INFORMATION

Floorplan Finance Company Name:	Yr Start:	Credit Line \$:	Balance \$:
Floorplan Finance Company Name:	Yr Start:	Credit Line \$:	Balance \$:

AFFILIATED AUCTIONS

Auction Name:	YR Registered:	Auction Access #:
Auction Name:	YR Registered:	Auction Access #:

INSURANCE INFORMATION

<input type="checkbox"/> I have physical damage insurance	<input type="checkbox"/> I do not have physical damage insurance.	Amount of Insurance \$:
Insurance Carrier:	Phone #:	Renewal Date:

SIGNOR 1 INFORMATION

Principle Name:	Title:	% of ownership:
Home address, City, State, Zip:		
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Phone:	Cell Phone:
SS#:		
Driver License #:	Expiration Date: / /	DOB: / /

SIGNOR 2 INFORMATION

Principle Name:	Title:	% of ownership:
Home address, City, State, Zip:		
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Home Phone:	Cell Phone:
SS#:		
Driver License #:	Expiration Date: / /	DOB: / /

AGREEMENT

I hereby certify the information contained within this application and on any accompanying financial statements is true, complete, and accurate. I authorize DSC to obtain credit information from a credit bureau, and any financial institution or trade creditor that I have provided as well as any other credit investigation that DSC in DSC's sole discretion deems necessary. I also authorize DSC to contact any third parties and to disclose information including information contained in this application, for the purpose, of among other things, obtaining inter-creditor agreements and perfecting DSC's security interest. By submission of this Application, Dealer expressly authorizes and agrees to accept all facsimile transmissions from DSC including, but not limited to, account information and promotional materials.

SIGNATURES

Signature:	Date:	Signature:	Date:
-------------------	--------------	-------------------	--------------