

Confidential Dealer Application



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Dealer Information

Company Legal Name: _____

DBA if Applicable: _____

Physical Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____

Years in Business: _____ Corporation Partnership Sole Proprietorship LLC

Amount Requested: _____ TIN / FEIN _____

Officer/Owner Information

Officer/Owner Name: _____ Title: _____

SS# _____ Cell Phone: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Partner/Co-Owner Information

Partner/Co-Owner Name: _____

SS# _____ Cell Phone: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Auction References: _____ Phone: _____

Auction References: _____ Phone: _____

Owner Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____