

Leaders Financial Company

Dealer Application

PRINCIPALS-OFFICERS-OWNERS

NAME: _____ TITLE: _____ SOCIAL SECURITY NUMBER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____ PHONE #: _____

NAME: _____ TITLE: _____ SOCIAL SECURITY NUMBER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____ PHONE #: _____

DEALERSHIP INFORMATION **DATE DEALERSHIP ESTABLISHED:** _____

NAME: _____ TAX ID #: _____
DBA: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE #: _____ FAX #: _____

BANK INFORMATION

NAME: _____ ACCOUNT #: _____
PHONE #: _____ CONTACT: _____
TYPE OF ACCOUNT: CHECKING SAVINGS MONEY MARKET OTHER

FLOOR PLAN INFORMATION

NAME: _____ ACCOUNT #: _____
PHONE #: _____ CONTACT: _____

TRADE REFERENCES

NAME: _____ ACCOUNT #: _____
ADDRESS, CITY, STATE, ZIP: _____
PHONE #: _____

NAME: _____ ACCOUNT #: _____
ADDRESS, CITY, STATE, ZIP: _____
PHONE #: _____

Please return copies of the following with this form: Dealers License, Tax License, and Motor Vehicle License

I authorize Leaders Financial Company to verify all trade and banking relationships. This information will be used solely for purpose of entering into the enclosed dealer agreement and will be held confidential. I (we) certify that all of the information listed on this form is true and correct. I also authorize Leader's to obtain credit reports on businesses and individual owners.

SIGNATURE (PRINCIPAL-OFFICER-OWNER)

TITLE: _____
DATE: _____

TITLE: _____
DATE: _____