



Dealer Information and Application

Date: ___/___/___

DEALER INFORMATION

Dealer Name: _____

Phone: (____) _____

Aba Name: _____

Fax: (____) _____

Address: _____

City: _____ State: _____

Length of time at present address: _____

Email Address: _____

Website URL: _____

Mortgage Holder/ Landlord: _____

Phone: (____) _____

Address: _____

City: _____ State: _____

Length of time at present address: _____

BUSINESS INFORMATION

Type of Business: _____ Date Established: ___/___/___ In business for _____ years.

Ownership: circle one.

Sole Owner

Partnership

Corporation

Sub Chapter

If sole owner or partnership, is trade registered? Please circle,

Yes

or

No

Principals:

Name: _____ Title: _____ S.S. ___ - ___ - _____

Home Address: _____ Please sign here:*

Name: _____ Title: _____ S.S. ___ - ___ - _____

Home Address: _____ Please sign here:*

Name: _____ Title: _____ S.S. ___ - ___ - _____

Home Address: _____ Please sign here:*

TRADE REFERENCES

Name: _____

Phone: (____) _____

Home Address: _____

Name: _____

Phone: (____) _____

Home Address: _____

Name: _____

Phone: (____) _____

Home Address: _____

BANK OF DEPOSIT

Name: _____

Account Number: _____

Address: _____

Phone: (____) _____

City: _____ State: _____ Zip: _____

Account holder for _____ years.

SALES INFORMATION

Annual Financed Income: _____

Average size transaction: \$ _____

Paper to be submitted will represent the sale of: _____

Sales Area: _____ Number of Locations: _____

Description of guaranty/ warranty: _____

Financial Statements of _____: Yes _____ No _____

(If no, give reason) _____

Firm: _____ Name: _____

*By signing above, I hereby authorize Mariner Finance to perform investigative consumer reports (including credit reports).

Call us today! Or visit us online at www.marinerfinance.com

