

Dealer Information Profile



Legal Name (under which tax returns are filed including dba's)			Type of Program applying for:			
			<input type="checkbox"/> Bulk Purchase <input type="checkbox"/> Servicing <input type="checkbox"/> PIPP <input type="checkbox"/> Point of Sale <input type="checkbox"/> Dealer Floor Plan			
Address (including multiple locations, use additional pages, if needed)						
City		State	Zip Code	How many accounts do you have?	# of units sold per month	
Telephone			Cell Phone Number		Total amount of portfolio	
Please outline your primary markets			E-mail address		What is your range of inventory? 19_____ to _____	
Payment Type (by percentage) Weekly__% Bi-weekly__ & Semi-monthly__% Monthly__%			Do you have written credit-underwriting guidelines? <input type="checkbox"/> yes <input type="checkbox"/> no Please include copy			
Are your accounts <input type="checkbox"/> Pre computed <input type="checkbox"/> Simple Interest			What are your typical credit terms (amount financed, down payment, term, APR, etc.)?			
Federal Tax ID number			Name of floor plan companies currently using.			
Do you operate a stand alone finance co.? <input type="checkbox"/> yes <input type="checkbox"/> no			Name of finance company		Year finance company established	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			Year started		Total years in business	
For corporation, show officers: for partnership or proprietorship, show principals:						
Name		Title/Ownership % if any	Residence Address	Phone number	Date of Birth	Social Security #
1.						
2.						
3.						
References (Include Landlord or Mortgage Holder)						
1.						
List banks used for last 2 years		Account number	Address	Phone number	Contact name	
1.						
2.						
Auction and Floor-plan references		Account number	Address	Phone number	Contact name	
1.						
2.						
Have you ever filed personal or business bankruptcy?			<input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please explain.	
Do you have any threatened, pending or current litigation against you?			<input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please explain.	
Have you ever been convicted of a felony?			<input type="checkbox"/> yes <input type="checkbox"/> no		If yes, please explain.	
Do you offer any ancillary products (such as service warranties, GAP, credit life or A & H)?				<input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, complete the enclosed Ancillary Product Information Sheet for each product you sell.						
Please provide a copy of your dealer license with this application.				<input type="checkbox"/> Attached		
Please provide 5 completed copies of all retail installment contracts used.				<input type="checkbox"/> Attached		
I hereby authorize Automotive Capital Resources to obtain personal credit history reports, criminal history reports or any other background information necessary in connection with the processing of this application.						
Date	Signature			Title		
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Fax to 1-800-786-0839 or E-mail to info@acrdealerfunding.com