

AMERICAN AUTO FINANCING, INC.

DEALER APPLICATION

In order to be approved as a dealership and work with American Auto Financing, Inc., the following information is required. All necessary forms and documents as required must be presented to American Auto for review and approval prior to any contract being funded. All information will be verified prior to approval. Please provide information on ALL involved parties, if the dealership be other than a sole proprietorship.

Website _____

Date _____ Dealership Name: _____ DBA _____

Dealership License/# _____ Franchised _____ Non-Franchised _____

Address: (Do Not Use P.O. Box) _____ City/State/Zip: _____

Phone: (____) _____ Fax: (____) _____ Email _____

Name of contact person _____ Position _____

Individual _____ Corporation _____ Partnership _____ Other _____

How long in business: _____ How long in business at this address: _____

Approximate monthly car sales: _____ Current in house receivables: _____

Former address: _____ (within last 10 years)

Average length of contracts: _____ Average selling price: _____

How much volume sent to us can we anticipate: Number of contracts _____

Finance connections: Present: _____

Past: _____

Car Lot

Landlord Reference: _____ Circle one: Own or Lease

Name

Phone #

Bank Connections: Business _____ Ac# _____

Personal _____ Ac# _____

PERSONAL INFORMATION (NOT REQUIRED IF FRANCHISED)

(If more than two principals list separately on back of this form)

Dealer Principal(s): _____ Dealer Principal(s): _____

Social Security #: _____ Social Security #: _____

Driver's License #: _____ Driver's License #: _____

Home address: _____ Home address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Home Phone: _____

PLEASE PROVIDE REFERENCE INFORMATION (MUST BE FULLY COMPLETED, NO EMPTY LINES).

Reference: _____
 (Name) (Relationship)

Address: _____

City/State/Zip: _____

Phone: _____

Business: _____

Reference: _____
 (Name) (Relationship)

Address: _____

City/State/Zip: _____

Phone: _____

Business: _____

DOCUMENTATION CHECKLIST- MUST SUBMIT ALL DOCUMENTS FOR PROCESSING.

- | | |
|---|---|
| <input type="checkbox"/> COPY OF DEALER CITY LICENSE | <input type="checkbox"/> COPY OF DEALER BOND |
| <input type="checkbox"/> FICTITIOUS NAME FILING (IF DBA) | <input type="checkbox"/> COPY OF CURRENT DMV LICENSE |
| <input type="checkbox"/> COPY OF SALES TAX PERMIT | <input type="checkbox"/> COPY OF DMV DRIVER'S LICENSE |
| <input type="checkbox"/> COPY OF DEALER INVENTORY | <input type="checkbox"/> CORPORATE, LLC, OR PARTNERSHIP |
| <input type="checkbox"/> PICTURES OF DEALERSHIPS EMAILED TO:
PICS@AAF-INC.COM | DOCUMENTS SHOWING ALL OFFICERS,
MEMBERS, ETC |

CREDIT RELEASE AUTHORIZATION:

I / we declare that to the best of my / our knowledge that the information given on the "Dealer Application" form is correct and authorize American Auto Financing, Inc. to gather any credit information from all sources listed as it considers it necessary to purchase contracts. It is the applicant's responsibility to notify American Auto Financing, Inc. of any change of name, address or employment. Furthermore, I / we understand and authorize that a copy of my / our personal credit history (non-franchised dealers only) may be obtained and the information contained within may assist in determining the conditions under which business may be conducted between American Auto Financing, Inc and the dealership.

FLOORING COMPANY

Name _____

Address _____

Telephone _____

High Credit _____

Current Amount _____

Past Due _____

AUCTION

Name _____

Address _____

Telephone _____

High Credit _____

Current Amount _____

Past Due _____

Titles _____

FLOORING COMPANY

Name _____

Address _____

Telephone _____

High Credit _____

Current Amount _____

Past Due _____

AUCTION

Name _____

Address _____

Telephone _____

High Credit _____

Current Amount _____

Past Due _____

Titles _____

Signed

Signed

Signed

Signed

Dated