

# DEALERSHIP FINANCE APPLICATION

Instructions: Complete ALL fields and fax to 1.866.664.4329

## DEALER INFORMATION

Dealership Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Dealer Email Address \_\_\_\_\_

Time in business \_\_\_\_\_  Corporation  Partnership  Other

Dealer License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Federal ID # \_\_\_\_\_

Dealership sells:  New Only  Used Only  New & Used

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General Manager \_\_\_\_\_ Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Sales Manager \_\_\_\_\_ Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Finance Manager \_\_\_\_\_ Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Finance Manager \_\_\_\_\_ Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Office Manager \_\_\_\_\_ Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

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## SALES VOLUME

Monthly average used car sales volume \$ \_\_\_\_\_

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## FINANCIAL INFORMATION

Primary Bank \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Contact/Telephone # \_\_\_\_\_

Flooring Source \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Payment Preference:  ACH (ACH Form must be submitted)  Check

**PRIMARY SHAREHOLDER / DEALERSHIP PRINCIPAL**

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

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**PRESENT AUTO FINANCING SOURCE**

Primary Source(s)

Secondary Source(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**INSURANCE INFORMATION**

Extended Warranty Company \_\_\_\_\_

GAP Insurance Company \_\_\_\_\_

**IMPORTANT!  
COMPLETE THIS  
INFORMATION IN  
ITS ENTIRETY**

By signing below, the undersigned (which **MUST** be the Owner, CFO, COO, President or Authorized Signer) hereby certifies that all information contained in this Dealer Finance Application is correct. The undersigns authorizes Carmel Financial Corporation, Inc. to verify some or all of the above information.

Accepted:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Corporate Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Federal Tax ID #

# F A F | Funding Authorization Form

Please complete the following fields showing how you wish you receive your funding and fax to 1.800.427.0012.

## ACCOUNT INFORMATION

Merchant Code \_\_\_\_\_

Merchant Name \_\_\_\_\_

Address \_\_\_\_\_


City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

## FUNDING SELECTION OPTIONS

How do you wish to receive your funding?

REGULAR MAIL - FREE

ACH - \$10.00 

For ACH Selection:

**Attach Voided Check Here**

## AUTHORIZATION

I hereby authorize Carmel Financial to initiate debit entries from the bank account indicated above plus any returned debit charges. This authorization is to remain in full force and effect until account has been paid in full or Carmel Financial has received written notification from me or any other authorized signer for the company of its termination in such time and in such a manner to afford Carmel Financial a reasonable opportunity to act on it.

Customer Name - Printed \_\_\_\_\_ Title \_\_\_\_\_

Customer Name - Signature \_\_\_\_\_ Date \_\_\_\_\_