

Palisades Funding Corp.

DEALER APPLICATION

DATE _____

DEALER APPLICATION		
DATE _____		
CORPORATE NAME	PHONE #	FAX #
D/B/A	DATE INCORPORATED	OWNERSHIP
BUSINESS ADDRESS	STATE INCORPORATED	<input type="checkbox"/> INDIVIDUAL
CITY, STATE, ZIP	YEARS THIS LOCATION	<input type="checkbox"/> PARTNERSHIP
FRANCHISE THIS LOCATION	FINANCIAL STATEMENT	<input type="checkbox"/> CORPORATION
OTHER FRANCHISES	TYPE OF CORP. <input type="checkbox"/> C <input type="checkbox"/> SUB S	BUSINESS PROPERTY <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED

CORPORATE OFFICERS			KEY PERSONNEL	
NAME 1.	TITLE	OWNERSHIP %	NAME	GEN MGR
2.				U/C MGR
3.				SLS MGR
4.				F&I MGR
5.				OFF MGR

PERSON AUTHORIZED TO SIGN DEALER AGREEMENT _____ SS# _____

PARTNERSHIP

PARTNERSHIP NAME _____

GENERAL PARTNERS: 1. _____ SS# _____

 2. _____ SS# _____

 3. _____ SS# _____

SOLE PROPRIETORSHIP

NAME OF OWNER: _____ SS# _____

BANK(S) OF DEPOSIT				
NAME	BRANCH	ADDRESS	DATES	
			FROM YEAR	TO YEAR
FINANCIAL INSTITUTION(S) PROVIDING FLOOR PLAN				
NAME	BRANCH	ADDRESS	DATES	
			FROM YEAR	TO YEAR
RETAIL FINANCING SOURCE(S)				
NAME	BRANCH	ADDRESS	DATES	
			FROM YEAR	TO YEAR
LEASE FINANCING SOURCE(S)				
NAME	BRANCH	ADDRESS	DATES	
			FROM YEAR	TO YEAR

I Certify To The Truth Of the information contained herein and authorize Palisades Funding Corp. to obtain a credit report on me, in connection with this application and any update, renewal or extension thereof. If it does so, I will, upon request, be informed of that fact and of the bureau's name and address. I authorize Palisades Funding Corp. to release to third parties information disclosed on the application and as to Palisades Funding Corp.'s transactions with me.

REPRESENTATIVE: _____
APPROVAL DATE: _____
APPROVED BY: _____

BY _____ TITLE _____ DATE _____