



Auto Finance Solutions

Fax: (949) 679-5865

Email: flooring@floorwithafs.com

CONFIDENTIAL APPLICATION FOR FLOORPLAN LINE OF CREDIT

Indicate the type of floorplan credit line you are applying for: Retail Wholesale

\$ Amount Requested:

Referred By:

DEALERSHIP INFORMATION (If DBA, list full company name and DBA name)

Dealership Legal Name:

DBA Name:

Federal ID:

Sales Tax #:

Years in Business:

Dealer License #:

Expiration Date:

Previously Applied with Us? Yes No

Street Address:

City:

State:

Zip Code:

County:

Years at Current Location:

Own Rent

Phone:

Fax:

Email:

Website:

Business is a: Corporation LLC General Partnership Limited Partnership Sole Proprietor

State of Domicile:

OWNER/OFFICER INFORMATION (applicant, if married, may apply for a separate account)

Owner/Officer Name:

Title:

Home Address:

City:

State:

Zip Code:

County:

Years at Current Location:

Own Rent

Phone:

Email:

SSN:

DOB:

Driver's License #:

Issuing State:

Expiration Date:

Are you an absentee owner? Yes (complete the Operations Mgmt. section below) No

Are you a US citizen? Yes No

Owner/Officer Name:

Title:

Home Address:

City:

State:

Zip Code:

County:

Years at Current Location:

Own Rent

Phone:

Email:

SSN:

DOB:

Driver's License #:

Issuing State:

Expiration Date:

Are you an absentee owner? Yes (complete the Operations Mgmt. section below) No

Are you a US citizen? Yes No

OPERATIONS MANAGEMENT (to be completed only if listed owner(s) are absentee) *Operations Managers, if listed, must sign release for credit below

Operations Manager Name:

SSN:

DOB:

Home Address:

City:

State:

Zip Code:

County:

Years at Current Location:

Own Rent

Phone:

Email:

SSN:

DOB:

Driver's License #:

Issuing State:

Expiration Date:

REFERENCES

Reference Name 1:

Phone:

Reference Name 2:

Phone:

Reference Name 3:

Phone:

GUARANTOR (to be completed only if guarantor is requested) *Guarantor, if listed, must sign release for credit below

Guarantor Name:

SSN:

DOB:

Home Address:

City:

State:

Zip Code:

County:

Years at Current Location:

Own Rent

Phone:

Email:

SSN:

DOB:

Driver's License #:

Issuing State:

Expiration Date:

NOTICE: If you are married and not separated, and unless you indicate otherwise, all stated income and assets will be presumed to be community property and all stated liabilities, debts, and other obligations will be presumed to be liabilities of the community. If you are married and any of the assets/liabilities described in this application are your or your spouse's separate property, please provide details on a separate sheet.

By signing below, I acknowledge that I have applied for credit from, or am guaranteeing credit from, Auto Finance Solutions ("AFS"), and that AFS will be deciding whether to extend me credit or accept my guarantee. I hereby certify that the information contained within this application and on any financial statements is true, complete, and accurate and portrays a correct and precise financial picture of the dealership, the officers (if applicable), the equity holders (if applicable), and the guarantors. I hereby authorize AFS, on its own behalf to obtain credit information and/or background information about me from a credit bureau and any financial institution or trade creditor that I have provided, federal, state and other agencies which maintain such records (including criminal records) and/or any other source which AFS deems appropriate as well as another credit investigation that AFS in its sole discretion deems necessary, and upon request, I will be informed of the name and address of the credit reporting agency that furnished the report. I also authorize AFS to contact any third parties and to disclose information, including but not limited to information contained in this application, for any purposes including but not limited to assessing my credit worthiness, collection of any outstanding debt, and obtaining intercreditor agreements and perfecting AFS's security interest. I also authorize AFS to disclose the above described information to any of its affiliates, subsidiaries, and parent companies. Further, if credit is granted, I hereby authorize AFS to review my account periodically, which could include obtaining additional credit reports. I authorize AFS to disclose my credit information to any credit database. I authorize AFS, its affiliates, subsidiaries and parent companies to a) send facsimile(s) to any numbers above, or which are listed as my facsimile number in any communication sent from time to time by me; b) make telephone calls to me at the telephone numbers above, or which are listed as my telephone number in any communication sent from time to time by me; c) send emails to me at the email address listed as my email address in any communication sent from time to time by me; and d) communicate with me via any and all other forms of communication for the purposes of, including, but not limited to, marketing, collection, and any other communication needs. I agree that this permission will remain in effect until cancelled by me in writing. This application is executed in my individual capacity and in my capacity as an officer of the dealership, if applicable. I understand and agree that this application will not be complete until AFS receives ALL of the information it regularly obtains and considers when it evaluates applications for the amount and type of credit or collateral, or any additional information or documents AFS may request for underwriting purposes. AFS will notify me if AFS requires me to provide any information or documents in addition to those requested by this application.

Signature:

Date:

Signature:

Date: