

Western Funding Incorporated

DEALER APPLICATION

Please Complete Both Sides

DEALER'S BUSINESS

NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

TAX I.D. NUMBER: _____ LICENSE NUMBER: _____ EXPIRATION: _____

BUSINESS TYPE: Corporation Partnership Sole Proprietorship

PRINCIPALS: (NAME) (TITLE) (SS#) (SPOUSE NAME) (HOME ADDRESS) (PHONE#)

1. _____

2. _____

3. _____

4. _____

BANK REFERENCE: (NAME) (ADDRESS) (ACCT.#) (CONTACT) (TELEPHONE)

PRIMARY: _____

SECONDARY: _____

LANDLORD REFERENCE: _____ OWN LEASE: Expires _____
Name Address Contact Phone

FINANCING: REFERENCES: (NAME) (ADDRESS) (CONTACT) (TELEPHONE)

1. _____

2. _____

3. _____

4. _____

The undersigned makes the above representations, which are certified correct, for the purpose of securing credit; authorizes the financial institution to gather whatever credit and employment history it considers necessary and appropriate. I/We also authorize the financial institution to give such information to others. I/We understand that you will retain this application whether or not it is approved.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

OPERATING DATA

MAJOR PRODUCT(S) _____ NUMBER OF YEARS
SOLD: _____ IN BUSINESS: _____

LENGTH OF _____ AVERAGE _____ AVERAGE
AVERAGE CONTRACT: _____ SELLING PRICE: _____ DOWN PAYMENT: _____

YEARLY SALES VOLUME -
LAST 3 YEARS: \$ _____ \$ _____ \$ _____

WE CAN ANTICIPATE
IN MONTHLY VOLUME: DOLLAR AMOUNT \$ _____ # OF CONTRACTS _____

EMAIL
ADDRESS: _____

YOUR PRIMARY
FINANCING SOURCE: _____

YOUR SECONDARY
FINANCING SOURCE: _____

ANY OTHER
FINANCING SOURCE(S): _____

HOW DID YOU FIND OUT ABOUT
WESTERN FUNDING? _____

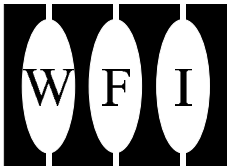
WHAT WERE THE MAJOR
REASON(S) YOU DECIDED
TO DO BUSINESS WITH WFI? _____

ADDITIONAL
INFORMATION: _____

Attach Financial Statements and Profit & Loss Sheets from your most recent fiscal years. If latest is dated more than six months ago include statement for interim period. Current statements are required for all applications.

DEALER APPLICATION CHECKLIST

- 1. Photocopy of Fictitious Name filing or Articles of Incorporation (front page only)
- 2. Photocopy of current city or county Business License
- 3. Photocopy of current Sales Tax Permit
- 4. Current Business or Personal Financial Statement
- 5. Photocopy of current auto dealer's State License Certificate (if applicable)



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