



FAX COMPLETED *DEALER INFORMATION SHEET* ALONG WITH *MOTOR VEHICLE DEALER AGREEMENT* TO:
866-662-5999 or 417-841-1200

3058 E. ELM ST.
SPRINGFIELD, MO 65802
LOCAL: (417) 886-6600
TOLL FREE: (800) 832-5530
WWW.FFGROUP.NET

DEALER INFORMATION SHEET

TODAY'S DATE: _____ DATE DEALERSHIP ESTABLISHED: _____

CORPORATE BUSINESS NAME: _____
(Name should agree with dealer license)

DBA: _____ NUMBER OF LOCATIONS _____ UNIT VOLUME LAST 6 MO. _____

DEALERSHIP COMPLETE ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS (If applicable): _____ Website (If applicable): _____

TYPE OF ORGANIZATION: CORP. _____ PARTNERSHIP _____ SOLE PROP _____ LLP _____ LLC _____

IF CORP, DATE OF INCORPORATION: _____

DEALER LICENSE NUMBER: _____ (Please attach)

PRINCIPAL OWNERS/OFFICERS:

1. NAME/TITLE: _____

CONTACT INFO: _____

2. NAME/TITLE: _____

CONTACT INFO: _____

MANAGER:

1. NAME/TITLE _____

CONTACT INFO: _____

F&I MANAGER

1. NAME/TITLE _____

CONTACT INFO: _____

LIST OTHER FINANCE COMPANIES YOU WORK WITH: _____

BANK AFFILIATION: _____

BANK CONTACT: _____ ACCOUNT # _____

I (We) hereby certify that all of the statements made on this application are true and correct.

Signature of Owner, Partner, and/or Officer

Signature of Owner, Partner, and/or Officer

Print Name

Print Name

Title

Title