

DEALERSHIP BUSINESS PARTNER APPLICATION

Dealer Name: _____ Yrs in Business: _____ Ph: _____ Fax: _____
Address: _____ City: _____ St: _____ Zip: _____
Dealership Tax ID # _____ Dealertrack ID # _____ Route 1 ID# _____

Owner / Principals

Name(s) /	Title	SSN / Date of Birth	Cell Phone #
1.) _____	_____	_____	_____
Email Address: _____			
2.) _____	_____	_____	_____
Email Address: _____			

KEY CONTACT INFORMATION

Name	Cell	Email
Rehashing: _____	_____	_____
Funding: _____	_____	_____
Titles: _____	_____	_____

UNIT INFORMATION

Estimated # of Units Sold Per Month: _____ # Financed: _____ # Sub Prime: _____ # Cash: _____
Model Years of Vehicles Sold: _____ to _____ Sales Price Range: _____ to _____

FINANCING INFORMATION

Current Lenders: Prime / Non-Prime / Sub-Prime:

Dealership Funding Relationships:

Floor Plan Company: _____ Contact: _____ Ph# _____
Floor Plan Line Amount: \$ _____ Any other Lines of Credit on the business: _____
Length of Relationship with Floor Plan Company (s) _____

GENERAL INFORMATION

Do You Have an Onsite Repair Facility: _____ If So, What Types of Repairs Can Be Made on site? _____

If No Onsite Repair Facility, Where do You Have Your Vehicles Repaired / Supplies purchased:

Name: _____ Phone #: _____ Length of Relationship: _____
Name: _____ Phone #: _____ Length of Relationship: _____

Dealer Authorizes Meridian Buyers Group to verify Information listed above.

AUTHORIZED SIGNATURE

TITLE

DATE

