



# Wholesale Financing Program Loan Application

Atlas

**Credit Request:**  Applicant only  Joint w/co-Applicant(s)  
 We intend to apply for joint credit. Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

**APPLICANT INFORMATION:**

Business Name: \_\_\_\_\_ Federal Tax ID or SS# \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Dealer Fax # \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Dealer Email Address \_\_\_\_\_  
 Type of Entity (sole proprietorship, corporation, LLC, Partnership) \_\_\_\_\_  
 Officers/Members/Partners (names, titles, SSNs, % of ownership) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach list, if necessary. ALSO, PROVIDE A PHOTOCOPY OF DRIVER'S LICENSE

Accountant's Name & Phone # (if applicable): \_\_\_\_\_  
 Years in business: \_\_\_\_\_ Other types of inventory carried: \_\_\_\_\_ Other Inventory financed  
 with: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
 Insurance Renewal Date: \_\_\_\_\_ Amount of Insurance Carried: \$ \_\_\_\_\_ Agent's Name & Phone # \_\_\_\_\_  
 \_\_\_\_\_ Address of Dealer's Personal Residence: \_\_\_\_\_  
 Years at Current Residence: \_\_\_\_\_ Have you filed for Bankruptcy in the past ten years? \_\_\_\_\_ If so, when? \_\_\_\_\_  
 Chapter: \_\_\_\_\_ Are there any outstanding judgments against you? \_\_\_\_\_ Are you a defendant in any legal action? \_\_\_\_\_  
**Amount Requested:** \_\_\_\_\_ (Loan fee: \$225 (minimum line \$50,000))

**Please submit the following information with this application:**

1. Signed, Dated, Personal Financial Statement for each owner and or principal (Blank Copy enclosed for your convenience.)
2. Current Financial Statement on business and previous year-end (2 years) (SIGNED)
3. Current Income statement on business and previous year-end (2 years) (reflecting Annual Income/Expenses)
4. Last two years Tax Returns (Full Disclosure) (SIGNED)
5. A clear photocopy of Driver's License on ALL Owners
6. If a corporation, LLC, or Partnership, please submit proof of ownership (i.e. Articles, Operating Agreement, Bylaws, Partnership, etc.)
7. Last two years personal tax returns on all principals are required (SIGNED) (Full Disclosure)

**Send all inquiries to:** First Community Bank      **Email:** floorplan@dealerdirectfinancial.com      **(OFC): (870) 376-7123**  
 Attn: Dealer Direct Floorplan      **(FAX): (888) 402-3528**  
 PO Box 4327  
 Batesville, AR 72503-4327

By signing below, I certify that everything stated in this application and on any other attachment is true and correct. I acknowledge that any willful misrepresentation could result in a violation of federal law. First Community Bank may keep this application whether or not it is approved. I hereby authorize First Community Bank to check the credit history and bank references of the applicant and its officers/partners/members of dealer applicant. A photocopy of this document shall be equally as enforceable as an original. If approved, I acknowledge and agree that I will be required to execute a Floor Plan Financing Agreement.

|                                   |             |                                   |             |
|-----------------------------------|-------------|-----------------------------------|-------------|
| <b>Applicant Signature, Title</b> | <b>DATE</b> | <b>Applicant Signature, Title</b> | <b>DATE</b> |
| _____                             | _____       | _____                             | _____       |
| <b>Applicant Signature, Title</b> | <b>DATE</b> | <b>Applicant Signature, Title</b> | <b>DATE</b> |
| _____                             | _____       | _____                             | _____       |



## Contact Info

Please fill out the following information for each applicant/signer. This information will be used for sending/completing loan documentation via ProSign

Signer/Guarantor: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Cell#: \_\_\_\_\_

Signer/Guarantor: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Cell#: \_\_\_\_\_

Signer/Guarantor: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Cell#: \_\_\_\_\_

Signer/Guarantor: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Cell#: \_\_\_\_\_

Signer/Guarantor: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Cell#: \_\_\_\_\_



**870.376.7123**

[www.dealerdirectfinancial.com](http://www.dealerdirectfinancial.com)

**Client Authorization To Release Information**

**Release Information Designated Below to The Following Third-Party:**

Dealer Direct, First Community Bank, 1325 Harrison Street, Batesville, AR 72501

Phone: 870.376.7123 / Fax: 888.402.3528 / Email: [staff@dealerdirectfinancial.com](mailto:staff@dealerdirectfinancial.com)

**Release:**

I hereby authorize \_\_\_\_\_ (my "Accountant" or "Accounting Firm") to release the following information to the above-referenced Third-Party. By signing, I understand that my information will be sent via mail, e-mail and/or fax. Also, if needed, I am authorizing my Accountant or Accounting Firm to answer questions of the Third-Party about the information I have authorized to be released. I understand that I may be obligated to compensate my Accountant or Accounting Firm for time expended and reimburse for all out-of-pocket expenditures related to the release of this requested information. This authorization will be valid in original or copy form. This authorization is to remain effective until such time, if any, that you receive, in writing, an update or change to this release.

**Designation of Information to Be Released (please check all that apply):**

- Individual Income Tax Returns
- Corporate Income Tax Returns
- Financial Statements
- Debt Schedules
- Other (specify) \_\_\_\_\_

**Authorization:**

By my signature below, I certified that I have the authority to execute this form and am a currently authorized signer/owner/or other authorized representative for the below named individual/entity and that I agree to indemnify my Accounting Firm against any liability related to improper release of any information in regards to this release.

Authorizing Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Print Name(s) and Title as it appears on document:

\_\_\_\_\_

CPA Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please list all locations at which inventory will be located.**

Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_

TO

First Community Bank

TYPE OF CREDIT - CHECK THE APPROPRIATE BOX

(Name of Lender)

Individual - If you check this box, provide Financial Information only about yourself.

Joint, with Relationship If you check this box, provide Financial Information about yourself and the other person.

PERSONAL FINANCIAL STATEMENT OF

NOTE: Any willful misrepresentation could result in a violation of Federal Law (Sec. 18 U.S.C. 1014)

Name Birth Date Statement Date Address City State/Zip Social Sec. No. Home Phone No. of Dependents Bus. or Occupation Bus. Phone

NOTE: Complete all of Section II BEFORE Section I

SECTION I

Table with columns for ASSETS and LIABILITIES, including rows for Cash, Securities, Real Estate, and Total Assets/Liabilities.

Table with columns for ANNUAL INCOME and ESTIMATE OF ANNUAL EXPENSES, including rows for Salary, Taxes, Insurance, and Total.

Table with columns for GENERAL INFORMATION and CONTINGENT LIABILITIES, including rows for Assets Pledged, Suits, Bankruptcy, and Endorser.

SECTION II

A CASH IN BANKS AND NOTES DUE TO BANKS

(List all Real Estate Loans in Section II-E)

Table for listing bank accounts and notes due to banks, with columns for Name of Bank, Type of Account, Type of Ownership, On Deposit, Notes Due Banks, and Collateral.

(Complete Rest of Section II on Reverse Side)

Cash on Hand \$ TOTALS \$

(Enter Sec. 1 Line 1) (Enter Sec. 1 Line 21)







## **ACH Floor Plan Payment Authorizations**

Once you have completed and returned the ACH Authorization Agreement, you will be able to submit payments to your floor plan via the ACH payment process.

- When you are ready to make a payment, simply send an email to [pay@dealerdirectfinancial.com](mailto:pay@dealerdirectfinancial.com). In the email, please include: dealer name, serial number(s) or interest to be paid, and amount(s) to be drafted for payment.
- You will receive a reply to inform you that we have received your payment authorization and that it is being processed.
- We will then draft the checking account on file and post the funds to your line of credit, giving you same day credit availability. The funds will be drafted from your checking account in 1-2 business days.