

1ST Choice Financial Services(1ST Choice), LLC

CONFIDENTIAL APPLICATION FOR FLOORPLAN LINE OF CREDIT

BUSINESS INFORMATION

Exact Legal Name:			
Assumed Name(s):			
Requested Financing Amount \$:	Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole-Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		
Have you applied with 1 ST Choice before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When? / / What location?		
Federal Tax ID:	Dealer License #:	Expiration Date: / /	
State of Organization or Residence:		Primary Contact:	
Phone #:	Fax #:	Email:	
Physical Address		Mailing Address:	
City, State, Zip, County:		City, State, Zip, County:	

DEALERSHIP INFORMATION

Business Profile: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Rental <input type="checkbox"/> Salvage (Rebuilder <input type="checkbox"/> or Dismantler <input 4"="" type="checkbox/>)</td> <td>Year Business Started:</td> </tr> <tr> <td>Average # of Sales/Mo.:</td> <td>Average Price/unit:</td> <td># of vehicles lot will hold?</td> <td>Avg. Days in Inventory?</td> </tr> <tr> <td colspan="/> Services you offer:: <input type="checkbox"/> Mechanical <input type="checkbox"/> Insurance <input type="checkbox"/> Warranties - List Names (s) of Warranty Co: <input type="checkbox"/> Consignment <input type="checkbox"> Body Shop <input type="checkbox"/> BHPH - List Names(s) of Finance Co:</input>			
Where are the majority of your units obtained: <input type="checkbox"/> Auction <input type="checkbox"/> Wholesales <input type="checkbox"/> Retailers <input type="checkbox"/> Trade-Ins <input type="checkbox"/> Internet <input type="checkbox"/> Other, Explain:			

BUSINESS BANKING INFORMATION

Bank Name:	City, State:	Contact Name:
Checking Account #:	Bank Routing #:	Bank Phone #:

FINANCING REFERENCE INFORMATION

Finance Company Name:	Yr Start:	Credit Line \$:	Balance \$:
Finance Company Name:	Yr Start:	Credit Line \$:	Balance \$:

AFFILIATED AUCTIONS

Auction Name:	Yr Registered:	Auction Access #:
Auction Name:	Yr Registered:	Auction Access #:

INSURANCE INFORMATION

Physical Damage Insurance Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Carrier:	Phone #:	Renewal Date:
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SIGNOR 1 INFORMATION

Principle Name:		Title:	% of Ownership:
Home address, City, State, Zip:			
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Home Phone:	Cell Phone
Driver License #:		Expiration Date: / /	DOB: / /

SIGNOR 2 INFORMATION

Principle Name:		Title:	% of Ownership:
Home address, City, State, Zip:			
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Home Phone:	Cell Phone
Driver License #:		Expiration Date: / /	DOB: / /

AGREEMENT

I hereby certify the information contained within this application and on any financial statements provided to 1ST Choice is true, complete, and accurate. I authorize 1ST Choice to obtain credit information from a credit bureau, and any financial institution or trade creditor that I have provided as well as any other credit investigation that 1ST Choice in 1ST Choice's sole discretion deems necessary. Further, the undersigned hereby authorizes the disclosure and release of any and all personal and/or business credit-related information by any third party, including but not limited to credit, financial, salary, banking, debt and tax information and materials, to 1ST Choice, as required, until further notice. I also authorize 1ST Choice to contact any third parties and to disclose information including information contained in this application, for the purpose of among other things, obtaining inter-creditor agreements and perfecting 1ST Choice's security interest. By submission of this Application, Dealer expressly authorizes and agrees to accept all facsimile and electronic transmissions from 1ST Choice including, but not limited to, account information and promotional materials.

SIGNATURES

Signature:	Date:	Signature:	Date:
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1ST CHOICE FINANCIAL SERVICES, LLC

3413 Eastern Ave. SE, Suite C

Grand Rapids, MI 49508

Ph. 616-292-7325

Fax 800-317-3293

To (bank): _____,

Attention: _____, Phone#: _____

I, _____, of _____,
authorize you to fax the following information on my Bank Account(s) to
1ST Choice Financial Services, LLC @ 1-800-317-3293.

Acct. # _____

Signed: _____ Date: _____

(to be filled out by Bank)

Customer since: _____ Unpaid Overdrafts (last 6 months): _____

Outstanding Line of Credit: \$ _____ Floor Plan? Y N

Average Six Months Balance: \$ _____, or

___ High ___ 6 Figure

___ Medium ___ 5 Figure

___ Low ___ 4 Figure

Signed: _____

Print Name: _____

Title: _____ Date: _____

Phone#: _____