

COAST ACCEPTANCE CORPORATION
DEALER APPLICATION

1. Correct legal name of dealer _____

DEALER # _____

a. Retailer Sellers Permit # _____

b. Address _____

c. Telephone _____ FAX# _____

d. Is the dealer a corporation? ___ In what state incorporated? _____ Federal Tax I.D.: _____
State Tax I.D.: _____

President Name: _____ Social Security # _____

Owner Name: _____ Social Security # _____

e. **NAME OF BOND CO.** _____

BOND # _____

(Owner / Partners)

Name _____ SSN _____

Driver's License # _____

Name _____ SSN _____

Driver's License # _____

e. Is the dealer a sole owner business? ___ If yes, give Name _____ SSN _____
Sole owner Sole owner

f. How long has the company been in business? _____

2. Business references

a. Landlord or mortgage holder, name, address, contact _____

b. Bank name, address, contact _____

c. Finance companies you now do business with: _____

3. Name of all persons authorized to execute the assignment of contracts: _____

4. Attach to this application the following: Copy of dealer insurance policy
Copy of dealer license
Copy of dealer bond
Copy of Resale License

I, the undersigned (1) make the above representations, which are certified, correct (2) authorize Coast Acceptance Corporation to obtain consumer credit reports and business credit reports on me and my business periodically as they consider necessary and appropriate.

Signature of General Partner, Corporate Officer or Proprietor (state title) Title

Printed name of signer Date