

PINNACLE FINANCIAL GROUP

Dear Dealer:

We appreciate your interest in our vehicle funding programs. Pinnacle Financial Group has created a program of financial services to assist dealers in maximizing their sales and profits. Pinnacle would like to provide for your customer financing, and aftermarket needs.

If you would like for us to consider your dealership for customer financing please review the attached outline of the General Terms and Conditions for our program. Return a signed copy of the completed Dealer Information Sheet, and Verification Form. Once we received this information we will begin processing the funding request. If you would like to expedite the processing include copies of the additional documents listed below:

Dealer Information:

1. Completed and signed original Dealer Information Sheet.
All spaces must be filled-out
2. Copy of your Dealer's License and Driver's License
3. Copy of Certificate of Insurance
4. Copy of most recent Business Bank Statement and Voided Business Check

Our goals are to help dealers increase sales and improve their business. If their business does not benefit from participating in this program then the program is not working for either of us.

If you have any questions contact Pinnacle Financial Group at (301) 652-4700. We look forward to helping you and your organization grow.

Thank you,

Dealer Services Department
Pinnacle Financial Group

Pinnacle Financial Group

Innovative Financial Solutions for
Small Businesses

PO Box 30623 Bethesda, MD 20824

Office: (301) 652-4700

Fax: (240) 260-1373

Floor Plan Fax: (301) 652 0046

e-mail: info@pinfingroup.com

Dealer Application

Consumer Lending

Floor Plan

DEALER INFORMATION SHEET

Legal Name of Business:			Contact Person:		
D/B/A (if Different):		Federal Tax ID #:		<input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler	
Type of Business	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership or LLC <input type="checkbox"/> Corporation				
Address (list additional locations separately)		City:	State:	Zip Code:	
Telephone:	Fax:	Cell:	Email:		
Time in Business? ___ Years ___ Mths	Time at Current Address? ___ Years ___ Mths		<input type="checkbox"/> Own or <input type="checkbox"/> Rent		
Mortgagor/Landlord:		Contact:	Ph #:		

FINANCIAL INFORMATION: AMOUNT REQUESTED: \$

Prior Year's Sales: \$	# of Units Sold Prior Year:
# of Units in Current Inventory:	Current Inventory Cost: \$

COMPANY OWNERS

Name/Title:	Home Address: [] Own or [] Rent	Ownership Percentage:	Social Security Number:	Date of Birth
1.				
		Home Ph#:		
Emergency contact:		Phone #:		
2.				
		Home Ph#:		
Emergency contact:		Phone #:		
3.				
		Home Ph#:		
Emergency contact:		Phone #:		
Percentage of ownership must total 100%. If additional owners, attach separately. If sole proprietor provide spouse information				
Has the business or any of it's Principals ever declared bankruptcy?		<input type="checkbox"/> yes If yes, date filed: <input type="checkbox"/> no where filed:		

OTHER FLOOR PLAN RESOURCES

Name of Reference	Phone #	Year Started	Credit Limit \$

BANK REFERENCES

Name of Bank	Contact	Phone #	Account #	Routing Number

PROFESSIONAL REFERENCES

Name of Firm	Contact	Phone #
Attorney:		
Accountant:		
Insurance Agent:		

AUCTION REFERENCES – Auction Access #:

Name of Auction	Contact	Phone #

NAMES OF AUTHORIZED BUYERS

Name of Buyer	Social Security #

IMPORTANT BY SIGNING THIS AGREEMENT I/WE CERTIFY THAT I/WE HAVE FULL AUTHORITY TO SIGN; ALL THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT IN ALL RESPECTS; I/WE HEREBY AUTHORIZE PINNACLE FINANCIAL GROUP, LLC, ITS AGENTS OR ASSIGNS TO VERIFY AND INVESTIGATE ANY OR ALL OF THE FOREGOING INFORMATION, INCLUDING BUT NOT LIMITED TO MY/OUR CREDIT WORTHINESS AND FINANCIAL RESPONSIBILITY, IN ANY WAY THEY MAY CHOSE. I/WE GRANT PINNACLE FINANCIAL GROUP, OR ITS ASSIGNS THE RIGHT TO PROCURE ANY AND ALL CREDIT REPORTS PERTAINING TO ANY PARTY LISTED IN THIS STATEMENT, INCLUDING BUT NOT LIMITED TO, ALL PRINCIPALS OF THE HEREIN BUSINESS. THE BUSINESS (COMPANY) AND I/WE PERSONALLY HEREBY AGREE TO, AND BE BOUND BY, THE FLOOR PLAN FINANCING GENERAL TERMS AND CONDITIONS A COPY OF WHICH I HAVE RECEIVED AND THE TERMS OF WHICH ARE INCORPORATED HEREIN. THE COMPANY AND EACH INDIVIDUAL OWNER SHALL BE JOINTLY AND SEVERALLY LIABLE FOR ALL CHARGES INCURRED BY THE USE OF ANY ADVANCE ISSUED PURSUANT TO THIS AGREEMENT.

Signature of Dealer Owner Date

Signature of Dealer Owner Date

Signature of Dealer Owner Date

AUTHORIZATION FORM

DATE _____

TO WHOM IT MAY CONCERN:

MY DEALERSHIP IS IN THE PROCESS OF OBTAINING AN INVENTORY FUNDING LINE. PLEASE
RELEASE ALL PERTINENT INFORMATION REGARDING MY **LEASE, MORTGAGE, TRADE
CREDIT, INSURANCE OR BANKING HISTORY** TO THE FOLLOWING

PINNACLE FINANCIAL GROUP, Inc.
P.O. BOX 30623
BETHESDA, MD 20824-0623

PHONE: (301) 652-4700 FAX: (240) 260-1373

SIGNATURE _____

NAME _____ SS# _____