

**CPS**

Rep:

# Non-Franchised Dealer Application

Dealership Name		Phone		Fax	
Company Legal Name (if different than above)					
Business Address		City		State	Zip
Mailing Address (if different than business address)		City		State	Zip
Annual Sales Volume		Years In Business	Website		Email Address
Units:	Dollars:				
Legal Entity					
<input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC					
Federal Tax ID			Corporate ID		
Business Bank				Phone	
Floor Plan Source	Limit	Contact		Phone	

## Current Lending Sources


## Ownership Structure / Authorization to Run Credit

Owner/Partner	Home Address	Social Security #	% Owner
Primary Owner/Partner			
Other Owner/Partner			
Other Owner/Partner			

The undersigned states that the information presented on and with this application is true and correct and authorizes CPS to pull my credit report, gather references and other information in support of this application

Owner/Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Partner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Partner Signature \_\_\_\_\_ Date \_\_\_\_\_