



12800 Leonard Parkway - North Jackson, Ohio 44451

(800) 619-4104 Fax (800) 619-4105

Date: _____

Business Name (Full Legal Name): _____

Doing Business As: _____

Telephone: _____ Fax: _____

Principal Address: _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ County: _____ State: _____ Zip: _____

Years at Present Address: _____ Years at Previous Address: _____

Date Business Established: _____ Years under Current Management _____

Fiscal Year End: _____ Headquarters' Address (if different): _____

Principal Contact: _____ Title: _____

Person who Handles Finance Packages and/or Closings: _____

Accounting Staff: _____

OTHER LOCATIONS (Please attach list if more than two additional locations)

_____ Phone: _____

_____ Phone: _____

Organization: _____ Corporation _____ Proprietorship _____ Partnership

_____ Sub Chapters _____ Limited Liability Co.

Does your company use computers? _____ YES _____ NO Operating System: _____ Windows _____ DOS

Internet Capabilities? _____ YES _____ NO

What is your company's website address? _____

* Federal Tax I.D. _____ E-mail Address: _____

* Sales Finance License _____ Sales Tax Rate: _____ Any Special Taxes? _____

* Dealer's License _____

PRINCIPALS

Name: _____ Title: _____ % of Ownership _____

Home Address: _____ SS#: _____

Name: _____ Title: _____ % of Ownership _____

Home Address: _____ SS#: _____

Name: _____ Title: _____ % of Ownership _____

Home Address: _____ SS#: _____

Business Manager: _____ Sales Manager _____

*** Include Copies**



PRODUCT LINES REPRESENTED

1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

Total Annual Retail Volume: _____

Average Monthly Units Sold: _____

WHOLESALE INFORMATION

Flooring Source(s)	Contact	Phone Number	Products Floored
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRADE REFERENCE & OTHER PAYABLES

1. _____	Contact _____	Phone _____
2. _____	Contact _____	Phone _____
3. _____	Contact _____	Phone _____

BANKS OF DEPOSIT

Name	Account #	Contact	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAMES OF INDIRECT LENDERS USED:

Name	Address	Phone	From (Year - Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FUNDING PREFERENCE (Circle one) ACH CHECK

Types of Insurance Offered: _____

Name of Insurance Carrier(s) Dealership is Agent for (if applicable): _____

OVERNIGHT CARRIER USED: _____ ACCOUNT NUMBER OF CARRIER: _____

I hereby authorize our banks, trade references, and financial institutions to release credit information to All Roads Capital and further authorize All Roads Capital to obtain other credit information including, but not limited to, consumer credit bureau reports for individuals responsible for the business' debt.

_____	Principal or Owner Signature	_____	Date
_____	Principal or Owner Signature	_____	Date
_____	Principal or Owner Signature	_____	Date