

# DEALERS FIRST FINANCIAL L.L.C.

# CREDIT APPLICATION

Fax: 281-395-9775

P.O. Box 218649  
Houston, TX 77218

Phone: 281-395-3273  
800-579-5837

DEALER \_\_\_\_\_

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME _____	YEARS IN BUSINESS _____ (If less than three years, principal information required)
ADDRESS _____	
CITY/STATE/ZIP _____	FEDERAL ID # _____
PHONE _____ FAX _____	NATURE OF BUSINESS _____
SUBSIDIARY/DIVISION OF _____	
TYPE OF ORGANIZATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> OTHER (describe) _____	
PRINCIPAL'S NAME _____	SOCIAL SECURITY # _____
HOME ADDRESS _____	HOME PHONE # _____
CITY/STATE/ZIP _____	

## BANK REFERENCES:

BANK NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

BANK NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

## TRADE REFERENCES:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_

EQUIPMENT _____
_____
_____
_____
LEASE TERM (months) _____
SECURITY DEPOSIT (# of months) _____
FUNDING AMOUNT \$ _____
RATE FACTOR _____
MONTHLY PAYMENT (without Sales Tax) \$ _____
PURCHASE OPTION <input type="checkbox"/> FMV
<input type="checkbox"/> 10%
<input type="checkbox"/> \$1.00
<input type="checkbox"/> OTHER _____

I hereby authorize Dealers First Financial, LLC or its assignees to gather information from sources such as, but not limited to, commercial and consumer reporting agencies for the sole purpose of determining an open line of credit. All information will be held in strictest of confidence. PLEASE ATTACH TAX EXEMPTION CERTIFICATE (IF APPLICABLE).

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE