

AFC MOBILITY FINANCE APPLICATION

BUSINESS INFORMATION (If DBA, list full company name and DBA name)

Business Legal Name: _____

Sales Tax #: _____ Federal ID: _____

Dealer License # (if applicable): _____ Years in Business: _____

Previously applied with us? Yes No If yes, when? _____

Street Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Years at Current Location: _____ Own Rent

Phone #: _____ Fax #: _____

Website: _____

Business is a: Corporation
 LLC

Has the business or principal/owner ever:

Declared bankruptcy Y N

Been convicted of any felony Y N

Is the business or principal/owner:

Party to any lien or lawsuit Y N

Currently delinquent on any taxes Y N

OWNER/OFFICER INFORMATION

Owner/Officer Name: _____ Title: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Years at Current Location: _____ Own Rent

Phone #: _____ Email: _____

SSN: _____ DOB: _____

Driver's License #: _____

Issuing State: _____ Expiration Date: _____

Are you an absentee owner? Yes (If yes, complete the Operations Mgmt. section) No

Are you a US citizen? Yes No

Owner/Officer Name: _____ Title: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Years at Current Location: _____ Own Rent

Phone #: _____ Email: _____

SSN: _____ DOB: _____

Driver's License #: _____

Issuing State: _____ Expiration Date: _____

Are you an absentee owner? Yes (If yes, complete the Operations Mgmt. section) No

Are you a US citizen? Yes No

What kind of floorplan credit line are you applying for? Subscription Rideshare Rental

What is your Carshare Platform(s)? _____

\$ Amount Requested: _____ Referred By: _____

OPERATIONS MANAGER (To be completed only if listed owner(s) are absentee)

Operations Manager Name: _____

SSN: _____ DOB: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Years at Current Location: _____ Own Rent

Phone #: _____ Email: _____

Are you a US citizen? Yes No

Driver's License #: _____

Issuing State: _____ Expiration Date: _____

**Operations Managers, if listed, must sign release for credit at end of application*

GUARANTOR (To be completed only if guarantor is requested)

Guarantor Name: _____

SSN: _____ DOB: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Years at Current Location: _____ Own Rent

Phone #: _____ Email: _____

Are you a US citizen? Yes No

Driver's License #: _____

Issuing State: _____ Expiration Date: _____

**Guarantor, if listed, must sign release for credit at end of application*

INSURANCE

Who insures vehicle during rental? Platform Insured Self-Insured Third-Party _____

Third-Party Name

Who insures vehicle when grounded?

Insurance Company Name: _____

Agent Name: _____ Phone #: _____

ADDITIONAL INFORMATION

1) Ownership

Name	Ownership %	Title/Role

2) What is your experience in the automotive industry (retail, wholesale, salvage, RV, BHPH, finance, etc.)?

3) What other floorplans and/or lines of credit do you currently have?

Financial Institution	Credit Limit	Terms	Current Balance

4) Additional Business Entities

Entity Name	Purpose	Dealer License (Y/N)

INVENTORY INFORMATION

1) What type of inventory do you keep in your fleet? (Cars, trucks?)

2) Who is your primary customer?

Personal Use
 Corporate
 Insurance Replacement
 Rideshare driver

3) Who is your primary competition?

4) Where do you purchase your inventory?

Auction
 Wholesale
 Retail
 Other _____

5) Description of your fleet

a. How many units are currently in your fleet?	
b. How many units do you want in your fleet?	
c. Where do you store your grounded fleet?	
Additional comments:	

6) Specific Unit Information

a. What is your monthly utilization (average)?	
b. How long is a unit in your fleet (average)?	
c. How long does it take from unit purchase to front-line ready?	
d. What is the average acquisition value of your units?	
e. What is the average revenue per unit?	
f. What is the average contract length?	

I hereby certify that the information contained within this application and on any financial statements is true, complete, and accurate and portrays a correct and precise financial picture of the dealership, the officers (if applicable), the equity holders (if applicable), and the guarantors. I authorize Automotive Finance Corporation ("AFC") to obtain credit information from a credit bureau and any financial institution or trade creditor that I have provided as well as any other credit investigation that AFC in AFC's sole discretion deems necessary, and upon request, I will be informed of the name and address of the credit reporting agency that furnished the report. I also authorize AFC to contact any third parties and to disclose any and all of my general business information now or hereafter in AFC's possession, including information contained in this application, business name, address, and phone number for any purposes including but not limited to assessing my credit worthiness, collection of any outstanding debt, and obtaining intercreditor agreements and perfecting AFC's security interest. I also authorize AFC to disclose the above described information to any of its affiliates, subsidiaries, and parent companies. Further, if credit is granted, I authorize AFC to review my account periodically, which could include obtaining additional credit reports. I authorize AFC to disclose my credit information into any credit database. I authorize AFC, its affiliates, subsidiaries and parent companies to a) send facsimile transmissions to me at the facsimile numbers listed as my facsimile number in any communication sent from time to time by me; b) text or make telephone calls to me at the telephone numbers listed as my telephone number in any communication sent from time to time by me; c) send emails to me at the email addresses listed as my email address in any communication sent from time to time by me; and d) communicate to me via any and all other forms of communications, for any purpose including, but not limited to marketing, collection and any other communication needs. I agree that this permission will remain in effect until cancelled by me in writing. This application is executed in my individual capacity and in my capacity as a representative of the company, if applicable. I understand and agree that this application will

not be complete until AFC receives ALL of the information it regularly obtains and considers when it evaluates applications for the amount and type of credit I am requesting, which may include credit reports, financial statements, approvals or reports by governmental agencies or other persons that are needed to guarantee, insure, or provide security for the credit or collateral, or any additional information or documents AFC may request for underwriting purposes. AFC will notify me if AFC requires me to provide any information or documents in addition to those expressly requested by this application.

Signature: _____

Date: _____

Signature: _____

Date: _____

