

Application

Please fax completed application to our secure fax line at (404) 352-9937 or you may email it to cash@sdainc.net.

Dealership Name:		
Check one: Sole Prop Partnership Corporation	Web Site:	
Corporation Name:	Email:	
Address:	Phone:	
	Fax:	
Individual Background Owner(s)/Principal(s)/Officer(s	<u>s):</u>	
Name/Title:First Middle Last	Name/Title:	Middle Last
Address:	Address:	
Time at Address:YearsMonths	Time at Address:	YearsMonths
Home Ph: Cell Phone:	Home Ph:	Cell Phone:
Date of Birth:/ SSN:	Date of Birth:/	_/ SSN:
Company Background:		
How did you hear about SDA? Postcard / Used Car News / 0	Other (Please Explain):	
How Long in Business? How long at this location?	Dealer License #	TAX ID:
Do you ☐ Rent ☐ Own this facility? # Autos Currently o	n Lot? # Autos \$	Sold Monthly:
Name and Address of Landlord/Mortgage Holder: Monthly	y Mortgage/Rent: \$	Phone:
Number of Sales People: Accounts Receivable Balar	_	•
Have you sold accounts previously? YES NO If YES,		
Do you Floorplan?		
What % of your business is BHPH? What type of Autom	·	•
Do you have a Related Finance Company (RFC)? YES		
BANK NAME: BAN	IK CONTACT NAME:	
BRANCH ADDRESS:		
BUSINESS CHECKING ACCOUNT:	Phone:	Length account open?
The undersigned hereby authorizes SDA Inc. to initiate a credit and criminal investigation both now has been voluntarily provided by myself, and warrants the truth and accuracy of this information to SDA, Inc. All information will be treated as confidential. The undersigned further	tion. I grant permission for an authorize	ed bank employee to release the necessary credit
Signature of Applicant	Title	Date
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