Providing BHPH Capital Since 1990

Dealer 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):

Name/Title: _____ (First Middle Last)

Name/Title: _____ (First Middle Last)

Address: _____

Address: _____

_____

_____

Time at Address: _____Years _____Months_____

Time at Address: _____Years _____Months ____

Email:_____ Cell Phone: _____

Email: _____ Cell Phone: _____

Date of Birth: ____/_____/_____ SSN: _____

Date of Birth: ____/_____/_____ SSN: _____

Company Background:

How did you hear about SDA? Postcard / Used Car News / Other (Please Explain):_____

How Long in Business? _____ How long at this location? _____

Do you ☐ Rent ☐ Own this facility? # Autos Currently on Lot? _____ # Autos Sold Monthly:_____

Name and Address of Landlord/Mortgage Holder: Monthly Mortgage/Rent: $_____ Phone: _____

_____

Accounts Receivable Balance: $_____ Avg Cost per Car: $_____

Have you sold accounts previously? ☐ YES ☐ NO If YES, To Whom? _____

Do you Floorplan? ☐ YES ☐ NO If YES, With Whom? _____

What % of your business is BHPH?_____ What type of Automotive Computer Software do you use?_____

Do you have a Related Finance Company (RFC)? ☐ YES ☐ NO If YES, name of RFC:_____

BANK NAME:_____ BANK 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 and in the future through an SDA approved Agent based upon the above information, which has been voluntarily provided by myself, and warrants the truth and accuracy of this information. I grant permission for an authorized bank employee to release the necessary credit information to SDA, Inc. All information will be treated as confidential. The undersigned further warrants that a bankruptcy proceeding is neither presently in progress or anticipated.

_____

Signature of Applicant Title Date

_____

Signature of Applicant Title Date

2060 Mt. Paran Rd, NW, Suite 101 ATLANTA, GA 30327 PH: 404.352.9936 OR 1.800.467.5172 FAX: 404.352.9937