EMBASSY

Dolphin

B VAN

Cape Cod

B+ VAN

DEALER APPLICATION

Name of Dealer (Business name):		Dealer is ☐ Individual ☐ D/B/A ☐ Corp ☐ LLP ☐ LLC ☐ Partnership ☐ S-Corp ☐ Muni		
Physical Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Phone:		# of years at address:	:Email Address:	
Federal Tax I.D.# / EIN #:	Year Incorporated:	State Incorporated:	Point of Contact	

1. Primary Owner Name:	% Owned	Date of Birth:	Title:		
Address:	City:		State:	Zip:	Cell Phone:
2. Owner Name/Co-Borrower	% Owned	Date of Birth:	Title:		
Address:	City:		State:	Zip:	Cell Phone:

CREDIT REFERENCES:

Bank Name:	☐ Checking Account ☐ Finance	Contact:	Phone:
Bank / Vendor Name:	☐ Account ☐ Vendor	Contact:	Phone:

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Signature	Title	Date
Signature	Title	Date