



Partners Capital Finance, LLC

DEALERSHIP INFO

Business Legal Name	<input type="text"/>		
DBA Name (If Applicable)	<input type="text"/>		
Federal ID:	<input type="text"/>	Sales Tax ID:	<input type="text"/>
Dealer License #	<input type="text"/>	Expiration Date	<input type="text"/>
Phone #	<input type="text"/>	Fax #	<input type="text"/>
Website	<input type="text"/>	Years In Business	<input type="text"/>
Business Type (Corp, LLC, Etc)	<input type="text"/>		

Primary Lot

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	County	<input type="text"/>
Years At This Location	<input type="text"/>	Own Or Rent	<input type="text"/>

Secondary Lot (Complete If Applicable)

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	County	<input type="text"/>
Years At This Location	<input type="text"/>	Own Or Rent	<input type="text"/>

Mailing Address (Complete If Applicable)

Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	County	<input type="text"/>

Owner Officer Information

Owner / Officer 1

Owner / Officer Name	<input type="text"/>	Title	<input type="text"/>
Percentage Of Ownership	<input type="text"/>	SSN:	<input type="text"/>
Home Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	County	<input type="text"/>
Years At This Location	<input type="text"/>	Own Or Rent	<input type="text"/>
Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>
Email	<input type="text"/>	DOB	<input type="text"/>
Drivers License #	<input type="text"/>	Issuing State	<input type="text"/>
Drivers License Exp Date	<input type="text"/>		
Absentee Owner (Yes Or No)	<input type="text"/>	If Yes Complete Onsite Manager Info Section	

Owner / Officer 2

Owner / Officer Name	<input type="text"/>	Title	<input type="text"/>
Percentage Of Ownership	<input type="text"/>	SSN:	<input type="text"/>
Home Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	County	<input type="text"/>
Years At This Location	<input type="text"/>	Own Or Rent	<input type="text"/>
Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>
Email	<input type="text"/>	DOB	<input type="text"/>
Drivers License #	<input type="text"/>	Issuing State	<input type="text"/>
Drivers License Exp Date	<input type="text"/>		
Absentee Owner (Yes Or No)	<input type="text"/>	If Yes Complete Onsite Manager Info Section	

Owner / Officer 3

Owner / Officer Name	<input type="text"/>	Title	<input type="text"/>
Percentage Of Ownership	<input type="text"/>	SSN:	<input type="text"/>
Home Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	County	<input type="text"/>
Years At This Location	<input type="text"/>	Own Or Rent	<input type="text"/>
Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>
Email	<input type="text"/>	DOB	<input type="text"/>
Drivers License #	<input type="text"/>	Issuing State	<input type="text"/>
Drivers License Exp Date	<input type="text"/>		
Absentee Owner (Yes Or No)	<input type="text"/>	If Yes Complete Onsite Manager Info Section	

Onsite Manager (Complete If Absentee Owner)

Owner / Officer Name	<input type="text"/>	Title	<input type="text"/>
Percentage Of Ownership	<input type="text"/>	SSN:	<input type="text"/>
Home Street Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip	<input type="text"/>	County	<input type="text"/>
Years At This Location	<input type="text"/>	Own Or Rent	<input type="text"/>
Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>
Email	<input type="text"/>	DOB	<input type="text"/>
Drivers License #	<input type="text"/>	Issuing State	<input type="text"/>
Drivers License Exp Date	<input type="text"/>		
Absentee Owner (Yes Or No)	<input type="text"/>	If Yes Complete Onsite Manager Info Section	

Additional Information

Credit Requested	<input type="text"/>	Referred By	<input type="text"/>
Units Currently On Lot	<input type="text"/>	Total Wholesale Value Of Units	<input type="text"/>
# Of Units Sold Last Month	<input type="text"/>	# Of Units Sold In Last Year	<input type="text"/>
How Many Units Will Lot Hold	<input type="text"/>	Typical Time Units Held	<input type="text"/>
Time From Purchase To Front Line Ready	<input type="text"/>	Do You accept Trade Ins	<input type="text"/>
Average Unit Value	<input type="text"/>	Highest Price Unit	<input type="text"/>
Lowest Price Unit	<input type="text"/>		

Current Funding

Lender 1	<input type="text"/>	Current Line	<input type="text"/>
Account In Good Standing?	<input type="text"/>	Date Started With Lender	<input type="text"/>
Lender 2	<input type="text"/>	Current Line	<input type="text"/>
Account In Good Standing?	<input type="text"/>	Date Started With Lender	<input type="text"/>
Lender 3	<input type="text"/>	Current Line	<input type="text"/>
Account In Good Standing?	<input type="text"/>	Date Started With Lender	<input type="text"/>
Lender 4	<input type="text"/>	Current Line	<input type="text"/>
Account In Good Standing?	<input type="text"/>	Date Started With Lender	<input type="text"/>

Non Disclosure / Confidentiality Agreement

I / We understand and agree that all information provided by Partners Capital Finance, LLC is confidential and will not be shared with anyone other than the owners / partners / officers and their legal council.

Owner / Officer Printed Name	<input type="text"/>	Title	<input type="text"/>
Owner / Officer Signature	<input type="text"/>	Date	<input type="text"/>