

Automobile Finance

Dealer Application

Dealership Legal Name _____

Dealership Address _____
Street City State Zip

Dealership Phone(____) _____ Fax(____) _____

Tax ID# _____ Owner Email: _____
Owner Cell : (____) _____

Ownership Break down:

_____ Sole Proprietor
Owner _____ % owned _____ Limited Liability Co
_____ Corporation
Owner _____ % owned
Owner _____ % owned
Owner _____ % owned

Dealer Acknowledgement _____ signature Dated _____

I/we hereby authorize Automobile Finance, LLC. to run a credit bureau through either Trans Union and/or Equifax on the following individuals:

Name Social Security Birth Date

Address City State Zip

Name Social Security Birth Date

Address City State Zip

Mail Back To: Automobile Finance
P.O. Box 1078
Paducah, KY 42002-1078

Fax Back To: 270-442-9452 ATTN: SHERI SMITH

