# Income Stream™ Application

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: _____ Name/Title: _____
First Middle Last First Middle Last

Address: _____ Address: _____

_____ _____

Time at Address: _____Years _____Months Time at Address: _____Years _____Months

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 / Other (Please Explain):_____

How Long in Business? _____ How long at this location? _____ Dealer License # _____ TAX ID: _____

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

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

_____

Number of Sales People: _____ 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

***2900 RIDGEWOOD CIRCLE, NW ATLANTA, GA 30327 PH: 404.352.9936 OR 1.800.467.5172 FX: 404.352.9937***