



DEALER APPLICATION

Requested Credit Line: \$

Requested Program: Scheduled Pay Pay As Sold Both

2300 Barrington Road, Suite 600 Phone: 877-USA-TCFIF (877-872-8234)
 Hoffman Estates, IL 60169 Fax: 877-FAX-TCFIF (877-329-8234)

Please print legibly in black or blue ink.

Dealer Information: Complete Legal Business Name Needed

Legal Business Name (Applicant)		Federal Tax ID #		State of Incorporation	
DBA Name		Phone		Fax	
Street Address		City	State	Zip	County
P.O. Box if Applicable		City	State	Zip	County
Contact Name			E-Mail Address		
Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Prop. <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company				Financial Year-End if Other Than 12/31	
Manufacturer/Distributor Brands to be Financed					
Own or Rent the Primary Business Location? Own <input type="checkbox"/> Rent <input type="checkbox"/>			Year Business Established		Years Under Present Ownership

Landlord (Legal Name)		Contact Name		Phone	
Inventory Insurance Carrier		Agent's Name		Phone	
Inventory Coverage Amount		Policy Renewal Date		Policy Number	

Additional Location(s) Where Inventory Will Be Stored: (Note: If additional location(s), please list on a separate page and attach)

Address		Contact		Phone	
City		State	Zip	County	
Address		Contact		Phone	
City		State	Zip	County	

Bank Information: (Note: If additional banks, please list on a separate page and attach)

Bank Name		City	State	Established Business Bank Accounts <input type="checkbox"/> Savings <input type="checkbox"/> Checking Account		Checking Acct. #
Contact Name		Bank Phone		<input type="checkbox"/> Working Capital Line <input type="checkbox"/> Floorplan Line		Line of Credit Amount

Creditors (Open Account, Floorplan, etc.) (Note: If additional creditors, please list on a separate page and attach)

Creditor Name		Avg. Balance		Creditor Name		Avg. Balance	
Creditor Name		Avg. Balance		Creditor Name		Avg. Balance	
Creditor Name		Avg. Balance		Creditor Name		Avg. Balance	

Each individual executing this application by signing below (hereafter "I" or "me") makes this application to TCF Inventory Finance, Inc. (TCFIF) on behalf of Applicant for an inventory finance line of credit and provides the above information to TCFIF for this purpose. I authorize TCFIF to obtain and investigate information concerning any statements made in this application. I understand and agree that TCFIF may obtain information from, and share information with, affiliates and others (including manufacturers, distributors and buying groups) about Applicant and me (including requesting reports from consumer reporting agencies and other sources) in connection with this application and any subsequent review, renewal, or extension of credit. If Applicant is approved for a line of credit, I authorize TCFIF to use the Internet, any telephone, facsimile machine, computer or other device to send communications to the Applicant and me. I also authorize TCFIF to contact me about the Applicant using any contact information I provide. To the best of my knowledge, the information provided in this application is true and complete. I promise to pay TCFIF any advance made to Applicant prior to execution of formal financing documents. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see documentation such as Articles of Incorporation, Operating Agreement, Partnership Agreement, driver's licenses and/or other identifying documents.

Owner(s) Information: Complete Names and Addresses Needed. No P.O. Box #'s. ALL OWNERS, MEMBERS, PROPRIETORS OR PARTNERS HOLDING A 20% OR GREATER OWNERSHIP INTEREST ARE REQUIRED TO SIGN BELOW. (If additional space is needed, please list and sign on a separate page and attach.)

Has the Applicant and/or Any Owners or Principals Filed Bankruptcy? Yes No If Yes, please provide explanation on a separate sheet and attach.

First	Middle	Last		Social Security	
Home Address		Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone		E-Mail Address
City		State	Zip	Title	Ownership %
Signature				Date	Date of Birth
First	Middle	Last		Social Security	
Home Address		Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone		E-Mail Address
City		State	Zip	Title	Ownership %
Signature				Date	Date of Birth
First	Middle	Last		Social Security	
Home Address		Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone		E-Mail Address
City		State	Zip	Title	Ownership %
Signature				Date	Date of Birth

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Credit Department, 2300 Barrington Road, Suite 600, Hoffman Estates, Illinois 60169 (877-USA-TCFIF) (877-872-8234) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. **NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010-9050. Dealer Application (02-10)