



PAC Auto Finance

PO Box 571680 Salt Lake City, Ut 84157 Phone (801) 312-0700 Fax (801) 312-0750 www.pacautofinance.com

Addendum to Dealer Agreement

Business Information			
*Please write legibly and fill out completely in order to avoid delays in the verification process			
Corporate Business Name: _____			
DBA (If Applicable): _____			
Address (Physical): _____			
City: _____		State: _____	Zip Code: _____
Phone: () _____		Fax: () _____	
Business Email: _____		Website Address: _____	
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:			
Business Organized (State & Yr): _____		Federal Tax ID: _____	
Is the dealership lot owned or leased?			
Owned <input type="checkbox"/> Mortgage Balance: \$ _____ Equity: \$ _____ Annual Pmt: \$ _____			
Leased <input type="checkbox"/> Landlord's Name: _____ Phone #: _____ Annual Pmt: \$ _____			
Contact Information			
General Manager: _____		Number: _____	
Finance Manager: _____		Number: _____	
Office Manager: _____		Number: _____	
Title Clerk: _____		Number: _____	
Ownership Information			
* All owners must be included.			
1. Principal Name: _____		Title: _____	% of Ownership
Home Address: _____		City, State & Zip: _____	
SSN: _____	DL # & Exp: _____	State: _____	DOB: _____
Home Phone: () _____	Cell Phone: () _____	Email: _____	
2. Principal Name: _____		Title: _____	% of Ownership
Home Address: _____		City, State & Zip: _____	
SSN: _____	DL # & Exp _____	State: _____	DOB: _____
Home Phone: () _____	Cell Phone: () _____	Email: _____	
Dealership Information			
Yrs of Experience: _____		Ave. Sales Price: _____	Staff Size: _____
Yrs at Current Location: _____		\$ _____ to \$ _____	No. of Locations: _____
No. of Cars Sold Monthly: _____		Units on Lot now: _____	Ave. ACV: _____
No. of Cars Financed Monthly: _____		No. of Cars Floored: _____	Ave. Down Payment: _____
Services Offered : <input type="checkbox"/> Mechanical <input type="checkbox"/> Insurance <input type="checkbox"/> Consignment <input type="checkbox"/> BHPH <input type="checkbox"/> Warranties			
Floorplan Reference			
(If not applicable, list a business reference)			
Company: _____		Yr Start: _____	Credit Line: _____
Contact Name _____		Phone Number: _____	

Authorization

By signing below I/We affirm that the information in this application and the attached documentatin is true and correct to the best of my/our knowledge, under penalty of perjury. I/we hereby authorize PAC Auto Finance and its affiliates or assignees to investigate all information provided, including contacting and requesting information from the above mentioned trade and credit references. Furthermore, I understand and authorize that a copy of my personal credit history may be obtained and that along with the information contained within this application itwill be used for the purpose of determining credit worthiness. The information provided will be verified through a credit reporting agency, and state and federal records. I/we further understand that during existence of any outstanding obligations with PAC Auto Finance, PAC Auto Finance may run such credit bureau inquires as it sees necessary and that this information will be kept on file for future reference.

Name/ Signature of Dealer Principal: _____

Date: _____

Name/ Signature of Dealer Principal: _____

Date: _____