



XL FUNDING, LLC FLOORPLAN APPLICATION

DEALER INFORMATION			
Exact Legal Name of Dealer: _____			
Trade Name or d/b/a (if applicable): _____			
Requested Floorplan Amount: \$ _____		Auction Access #: _____	
How long has the Dealer been in business? _____			
How many years as the Dealer been at its current location? _____			
Has the Dealer or any signor applied for financing with XL Funding, LLC before? ____ If yes, when: _____			
Is the Dealer managed by someone other than the Signors below? _____			
State Sales Tax Number: _____			
State of Incorporation or Residence: _____		State Organization ID: _____	
Business Address: _____			
City, State, Zip: _____			
Phone #: _____	Fax #: _____	Business Email: _____	
Federal Tax ID: _____	Dealer License #: _____	Expiration Date: _____	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC			
SIGNOR 1 INFORMATION			
Name: _____	Title: _____	% of Ownership: _____	
Home address/City/State/Zip: _____		Email: _____	
How long have you lived at your current address? _____			
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Home Phone: _____	SSN: _____
DOB: _____	Driver License #: _____		
Expiration Date: _____	Are you a United States citizen? _____		
Telephone number: _____			
SIGNOR 2 INFORMATION			
Name: _____	Title: _____	% of Ownership: _____	
Home address/City/State/Zip: _____		Email: _____	
How long have you lived at your current address? _____			
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Home Phone: _____	SSN: _____
DOB: _____	Driver License #: _____		
Expiration Date: _____	Are you a United States citizen? _____		
Telephone number: _____			
SIGNOR 3 INFORMATION			
Name: _____	Title: _____	% of Ownership: _____	
Home address/City/State/Zip: _____		Email: _____	
How long have you lived at your current address? _____			
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Home Phone: _____	SSN: _____
DOB: _____	Driver License #: _____		
Expiration Date: _____	Are you a United States citizen? _____		
Telephone number: _____			

OPERATIONS MANAGER INFORMATION

(To be completed if Operations Manager is not an owner)

Operations Manager Name: _____

SSN: _____ DOB: _____

Home Address: _____

City: _____ State: _____

Zip Code: _____ County: _____

Years at Current Location: _____ Own _____ Rent _____ Ownership % _____

Phone #: _____ Email: _____

Are you a US citizen? Yes _____ No _____

Driver's License Number: _____

Issuing State: _____ Expiration Date: _____

ADDITIONAL INFORMATION

1) Ownership

Name	Ownership %	Title/Role

2) What is your experience in the automotive industry (retail, wholesale, salvage, RV, BHPH, finance, etc.)?

Area	# Years Experience	Comments
Automotive Industry (General)		
Retail		
Wholesale		
Finance		
Salvage		
RV		
Manufacturing		
Other (please list in comments)		

3) What other floorplan lines of credit do you currently have?

Financial Institution	Credit Limit	Terms	Current Balance

4) Additional Business Information

Describe your typical customer:	
# Additional Locations	
Retail Lending Sources (check all that apply)	<input type="checkbox"/> Banks <input type="checkbox"/> Finance Companies <input type="checkbox"/> Subprime
Primary Competition (check all that apply)	<input type="checkbox"/> BHPH <input type="checkbox"/> Used Car Dealers <input type="checkbox"/> Wholesalers <input type="checkbox"/> Other: _____

INVENTORY INFORMATION

1) What type of inventory do you keep on your lot (Check all that apply)

Highline
 Motorcycle
 Powersports
 Rental
 RV
 Salvage
 Subcompact
 Domestic
 Imports
 SUV
 Truck
 Other: _____

2) Where do you purchase your inventory?

Source	Units/Month
Auction:	
Auction:	
Wholesaler:	
Wholesaler:	
Trade-ins:	
Other:	

3) Description of your lot

a. How many units will the lot hold?	
b. How many units are currently on the lot?	
c. How many units do you want on the lot?	
d. How long will you typically hold your inventory?	
e. What is your lot surface?	
Additional Comments:	

4) Specific Unit Information

a. How many units do you sell in a month (average)?	
b. What is your average inventory turn-time?	
c. How long does it take from unit purchase to front-line ready?	
d. What is the average wholesale value of your units?	
e. Do you accept trade-ins?	

REFERENCES

Reference Name 1: _____ Phone #: _____

Reference Name 2: _____ Phone #: _____

Reference Name 3: _____ Phone #: _____

AGREEMENT

I certify that the information contained in this application and on any accompanying financial statements is true, complete, and accurate. I authorize XL Funding, LLC ("XLF") to obtain credit information from credit bureaus, and any financial institution or trade creditors as well as any other credit investigation that XLF in its sole discretion deems necessary. I also authorize XLF to contact any third parties and to disclose information including information contained in this application for the purpose of obtaining inter-creditor agreements and perfecting XLF's security interest. I also authorize XLF to disclose any information I provide to its affiliates, subsidiaries and parent companies. I understand that the account will be reviewed periodically and I authorize XLF to obtain additional credit reports for its future review. By submission of this Application, I expressly authorize and agree to accept telephone calls, facsimile, email, text and other electronic transmissions from XLF and its affiliates and agents including, but not limited to, account information, collection inquires and promotional materials. I also authorize XLF to report my credit information to credit databases, including, but not limited to, auctions. I agree that the consents contained in this application shall remain in effect until I revoke them in writing.

SIGNATURES

(Operations Manager Must Sign)

Signature (<u>SIGNOR 1</u>)	Date	Signature (<u>SIGNOR 2</u>)	Date
Signature (<u>SIGNOR 3</u>)	Date	Signature (<u>SIGNOR 4</u>)	Date

OFFICE USE ONLY

Branch:	Terms:
Account No.:	Credit Line:
Miscellaneous:	

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