



XL Funding

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 signer applied for financing with XL Funding, LLC before? ____ If yes, when: _____			
Is the Dealer managed by someone other than the Signers 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			

SIGNER 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: _____	

SIGNER 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: _____	

SIGNER 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:	
Social Security Number:	
Date of Birth:	
Home Address:	
Years @ Current Location:	<input type="checkbox"/> Own <input type="checkbox"/> Rent Ownership %:
Are you a US Citizen?	
Driver's License Number	
Issuing State:	
Expiration Date:	

Ownership		
Name	Ownership %	Title/Role

Automotive Industry Experience		
Area	# Years Exp.	Comments
General Automotive		
Retail		
Wholesale		
Finance		
Salvage		
RV		
Manufacturing		
Other (Please describe)		

Other Floor Plan Lines of Credit		
Financial Institution	Credit Limit	Current Balance

Business Information	
Describe your typical consumer:	
# of Locations:	
Retail Lending Sources (check all that apply)	<input type="checkbox"/> Banks <input type="checkbox"/> Finance Co. <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
What type of inventory do you keep on your lot (check all that apply)?
<input type="checkbox"/> High Line <input type="checkbox"/> Motorcycle <input type="checkbox"/> Power Sports <input type="checkbox"/> Rental <input type="checkbox"/> RV
<input type="checkbox"/> Salvage <input type="checkbox"/> Subcompact <input type="checkbox"/> Domestic <input type="checkbox"/> Import <input type="checkbox"/> SUV
<input type="checkbox"/> Truck <input type="checkbox"/> Other:

Inventory Purchasing & Acquisition	
Source:	Units/Month
Auction:	
Auction:	
Wholesaler:	
Wholesaler:	
Trade-Ins:	
Other:	

Lot Description	
How many units will the lot hold?	
How many units are currently on the lot?	
How many units do you wish to be on the lot?	
What is your lot surface?	
Additional Comments:	

Unit Information	
How many units do you sell in a month (avg.)?	
What is your average turn time?	
How long does it take from unit purchase to Front Line Ready?	
What is your average wholesale value?	

REFERENCES		
Reference Name 1:		Phone #:
Reference Name 2:		Phone #:
Reference Name 3:		Phone #:

AGREEMENT
<p>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. 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 acknowledge and agree that this application may be electronically signed and agrees that the electronic signatures included in this application are intended to authenticate this writing and to have the same force and effect as manual signatures. 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.</p>

SIGNATURES (Operations Manager Must Sign)			
Signature (SIGNER 1)	Date	Signature (SIGNER 2)	Date
Signature (SIGNER 3)	Date	Signature (SIGNER 4)	Date

OFFICE USE ONLY			
Branch:		Terms:	
Account No.:		Credit Line:	
Miscellaneous:			