

Meridian Buyers Group, LLC

NEW DEALER APPLICATION

Dealer Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Dealer Principle Names	Titles	SS #
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Years in Business _____ Number of units sold per month _____

Total Sales Last Year \$ _____ Number of Retail Locations _____

General Manager _____ Finance Manager _____

Current Primary Lenders _____

Current Sub Prime Lenders _____

I (we) understand that during the course of the dealer investigation, it may be necessary to check bank and other references. A personal credit bureau may also be pulled. I (we) authorize this investigation.

_____ Date _____
Signature

_____ Date _____
Signature