



Application for Retail Store

General Business Information

Registered Business Name:

DBA Name:

Address:

How long?

City:

State:

ZIP:

Phone:

Fax:

In Business Since: / /

Dealer License# (Please attach copy) :

E-mail Address:

URL/ Web Page Address:

Legal Structure and Ownership

Business Entity: Corporation Partnership Sole Proprietorship Other _____

Owners / Principals

Ownership

Name:	Title:	%
Name:	Title:	%
Name:	Title:	%

Owner Information

Name (First, Middle Last):

Current Home Address:

Yrs.

Months

Own Rent

City:

State:

ZIP:

Home Phone:

Mobile Phone:

Social Security Number : - - -

Birthdate: / /

Drivers License#:

No. of Dependents:

Previous Home Address:

Yrs.
Months

Own Rent

Mortgage Holder/Landlord
(Name, Address, Zip)

Acct No:

Phone

Owner Information

Name (First, Middle Last):

Current Home Address:

Yrs.

Months

Own Rent

City:

State:

ZIP:

Home Phone:

Mobile Phone:

Social Security Number : - - -

Birthdate: / /

Drivers License#:

No. of Dependents:

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Yrs.
Months

Own Rent

Mortgage Holder/Landlord
(Name, Address, Zip)

Acct No:

Phone



Great American Finance Company
 20 North Wacker Drive, Suite 2275
 Chicago, Illinois 60606
 Phone: (312) 332-7119
 Fax: (312) 332-7159

Banking and Financing Information

Checking Account

Bank Name:		
Address:		How long?
City:	State:	ZIP:
Phone:	Fax:	

Financing (What finance companies do you currently work with?)

Company Name: Phone: How long?	Company Name: Phone: How long?
Company Name: Phone: How long?	Company Name: Phone: How long?

Additional Information

Has your company ever filed for Bankruptcy protection? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: / /	
Are you aware of any judgments or liens placed against your company? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes describe below.	
How many locations do you operate?	What percent of products are financed?
Describe the products you sell (types of vehicles, furniture, computers, electronics, etc.)	
Who are your managers?	
Finance Manager:	Phone:
Sales Manager:	Phone:
Store Manager:	Phone:



Reference 1		
Company:		
Address:		How long?
City:	State:	ZIP:
Contact Name:	Phone:	
Reference 2		
Company:		
Address:		How long?
City:	State:	ZIP:
Contact Name:	Phone:	
Reference 3		
Company:		
Address:		How long?
City:	State:	ZIP:
Contact Name:	Phone:	
Authorization and Certification		
<p>The undersigned hereby certifies that the foregoing information is true and complete and made for the purpose of determining the undersigned's eligibility for credit. The undersigned agree that this application shall remain in Great American Finance Company's property whether or not accepted. The undersigned further authorizes Great American Finance Company to make all inquiries deemed necessary to verify the accuracy of the statements made herein, and to determine the creditworthiness of the undersigned by procuring consumer reports from consumer reporting agencies and credit information from other financial institutions and extenders of credit, references, present and former employers, merchants, landlords, and creditors.</p>		
Owner's Name (please print):		Title:
Owner's Signature:		Date: / /
Owner's Name (please print):		Title:
Owner's Signature:		Date: / /