

## **INVENTORY FINANCE APPLICATION CHECKLIST**

Thank you for your interest in our Inventory Finance Program. To process your application, please complete the enclosed forms, provide the requested documentation & submit the application fee.

Applications may be submitted via mail, fax or email. Application fees are to be mailed to: 13901 Sutton Park Drive S, Suite 300, Jacksonville, FL 32224 Attn: Floorplan

### **Complete the Following Forms:**

- **Floorplan Application**
- **Lot Location List** *(include all sales locations, parks/communities that will hold Triad inventory)*
- **Landlord Waiver** *(required for all leased locations that will hold inventory)*
- **Notice of Investigation** *(to be completed by each principal and guarantor)*
- **Personal Financial Statements** *(no older than 180 days & completed by each owner)*

### **Provide Copies of the Following Documents:**

- **Open Lot Insurance Policy**
- **Dealer's License** *(for each lot)*
- **Organizational Documents** *(Articles of Incorporation, Corporate Charter, Articles of Organization and/or Partnership Agreement). Sole Proprietorships should submit a copy of their driver license.*
- **Business Tax Return or Accountant Prepared Business Financial Statements** *(Last 2 years)*
- **Interim Business Financial Statements** *(Balance Sheet and Profit and Loss)*
- **Personal Tax Return** *current year for each owner (not necessary if a C-Corporation)*
- **\$500.00 non-refundable application fee** *made payable to Triad Financial Services, Inc. This fee covers costs related to: Application review & processing, credit bureau investigation, financial statements analysis, documentation preparation & UCC filings.*
- **For ownership of 2 years or less:**
  - **Photo ID** *(for each owner)*
  - **Owner Resume(s)**

If you have any questions, please do not hesitate to contact the Triad Inventory Finance team:

Larisa Davis  
800-522-2013 x1293  
[ldavis@triadfs.com](mailto:ldavis@triadfs.com)

# APPLICATION

**APPLICANT BASIC INFORMATION**

Exact Legal Business Name:		DBA:	
Phone #:	Fax #:	Federal Tax ID:	
Physical Address:	City, State:	Zip:	Contact Name:
Mailing Address:	City, State:	Zip:	Contact Phone:
Email Address:		Website:	
Entity Type <input type="checkbox"/> Corporation <input type="checkbox"/> Sub "S" Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship			
Date Company Formed:	Years Under Current Ownership:	Business Year End:	
Requested Credit Line:	Manufacturers:		

**APPLICANT OWNER INFORMATION (If Applicant has more than 3 owners, please attach additional sheets)**

<b>Owner Name &amp; Title:</b>		Years in Industry:	
% of Ownership:	Social Security Number:		Date of Birth:
Home Address:	City/State:	Zip:	Home Phone #:
Marital Status:	Spouse Legal Name:		Cell Phone #:
<b>Owner Name &amp; Title:</b>		Years in Industry:	
% of Ownership:	Social Security Number:		Date of Birth:
Home Address:	City/State:	Zip:	Home Phone #:
Marital Status:	Spouse Legal Name:		Cell Phone #:
<b>Owner Name &amp; Title:</b>		Years in Industry:	
% of Ownership:	Social security Number:		Date of Birth:
Home Address:	City/State:	Zip:	Home Phone #:
Marital Status:	Spouse Legal Name:		Cell Phone #:

**BANKRUPTCY, CREDIT, LITIGATION INFORMATION**

Have the Applicant or its owners filed bankruptcy?  **Yes**  **No** If yes attach additional sheet with explanation.

Has the Applicant or any of its owners applied for credit with TFS Floorplan before?  **Yes**  **No**

Are there any legal actions pending against the Applicant or any of its owners?  
 **Yes**  **No** If yes attach additional sheet with explanation.

Has the Applicant ever been affiliated, voluntarily surrendered units of manufactured home inventory to a lender or other financial institutions?  **Yes**  **No** If yes attach additional sheet with explanation.

**OTHER FLOORPLAN LENDERS**

Floorplan Finance Company Name:	City, State:	Credit Line Amount:
Contact Name:	Contact Phone #	Current Balance:
Floorplan Finance Company Name:	City, State:	Credit Line Amount:
Contact Name:	Contact Phone #	Current Balance:

**AFFILIATED ENTITIES**

Exact Business Name:	DBA:		
Address:	City:	State:	Zip Code:
How is the entity related to the Business?			
Is inventory transferred within entities? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Is each entity invoiced separately by the factory on all inventory sold to that entity? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
I am interested in the TFS Retail Finance Program. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Currently Approved</b>			

**APPLICANT SIGNATURE AND ATTESTATION**

Applicant makes this application to Triad Financial Services, Inc. ("TFS") for an inventory finance line of credit and provides the information in this application to TFS for such purpose. By signing this application, Applicant authorizes TFS to file a UCC financing statement evidencing a lien on Applicant's assets prior to any extension of credit. In the event that the application is rejected and TFS does not extend any credit to Applicant, TFS shall terminate any UCC financing statements it filed in connection with this application. Applicant understands and acknowledges that this application shall not be deemed complete until Applicant also signs and delivers to TFS a separate Notice of Investigation on the form provided by TFS. Applicant certifies that the information provided in this application is true and complete.

Applicant Name:	Printed Name and Title of Person signing on behalf of Applicant:
Signature:	Date:

## Lot Location List

1. Principal Business Location \_\_\_\_\_  

(Exact Legal Business Name)

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(DBA)

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(Address)

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(City)
(State)
(Zip)

Lease Payment \$ \_\_\_\_\_ Lease end date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Landlord contact info: \_\_\_\_\_
  
2. Additional Location \_\_\_\_\_  

(Exact Legal Business Name)

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(DBA)

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(Address)

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(City)
(State)
(Zip)

Lease Payment \$ \_\_\_\_\_ Lease end date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Landlord contact info: \_\_\_\_\_
  
3. Additional Location \_\_\_\_\_  

(Exact Legal Business Name)

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(DBA)

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(Address)

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(City)
(State)
(Zip)

Lease Payment \$ \_\_\_\_\_ Lease end date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Landlord contact info: \_\_\_\_\_



Toll Free: 800.522.2013

Fax: 866.874.2331

www.triadfs.com

Landlord's Waiver

WHEREAS, \_\_\_\_\_ ("Borrower") has leased buildings and/or premises located at \_\_\_\_\_ ("Premises") from the undersigned ("Landlord")

WHEREAS, Borrower has applied to Triad Financial Services, Inc. for loans to be secured by all of Borrower's Inventory ("Inventory"), wherever located, now owned or hereafter acquired, whether new, used or repossessed including, but not limited to, manufactured homes and modular homes; all equipment used in connection therewith; all accounts, contract rights, documents, instruments, accounts receivable, general intangibles, and chattel paper, presently existing or discounts, credits, holdbacks and incentive payments of any type, description or origin, owing to Borrower ( the "Collateral") located or to be located on the Premises; and

WHEREAS, the undersigned Landlord is willing to waive its right of distraint on the Collateral, if any, and execute this Waiver so that Borrower may secure loans from Triad Financial Services, Inc. to finance Borrower's inventory.

NOW, THEREFORE, in consideration of good and valuable consideration, the receipt of which is hereby acknowledged, the undersigned Landlord, intending to be legally bound, does hereby agree as follows: 1) Landlord hereby waives, relinquishes and releases to Triad Financial Services, Inc., its successors and assigns, all right of levy of distraint for rent, whether now claimed or hereafter arising, against the Collateral, and hereby agrees not to assert against Triad Financial Services, Inc., its successors and assigns, any right, title or interest in or to the Collateral, this Waiver to continue in effect from time to time so long as Borrower has unpaid obligations to Triad Financial Services, Inc. secured by any security agreements or agreements, now or hereafter executed; 2) any aforementioned premises, so long as any monies are owing to Triad Financial Services, Inc. by Borrower; 3) Triad Financial Services, Inc. may at any time enter upon the Premises for a reasonable period of time, in order to dismantle, prepare for disposition or removal, dispose of or otherwise deal with the Collateral; 4) this waiver shall be binding upon the successors, transferees, and assignees of Landlord.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness: \_\_\_\_\_
Address: \_\_\_\_\_
City/State: \_\_\_\_\_

(Landlord)
By: \_\_\_\_\_
Title: \_\_\_\_\_
Address: \_\_\_\_\_
City/State: \_\_\_\_\_
Phone: \_\_\_\_\_



**Toll Free: 800.522.2013**

**Fax: 866.874.2331**

**www.triadfs.com**

## Notice of Investigation

The undersigned Business Applicant hereby warrants that the attached financial statements of Business Applicant are true and correct. Business Applicant hereby authorizes Triad Financial Services, Inc. and its employees, agents, parent companies, subsidiaries and assigns (collectively, "Triad") to gather and use, from time to time, any and all financial, credit, and other information relating to Business Applicant that can be obtained from any source including, but not limited to, banks, trade associates, the Mortgage Asset Research Institute, Inc. ("MARI"), and creditors.

Business Applicant authorizes Triad to submit the name of Business Applicant and any of its employees for screening through background databases, including, but not limited to, those operated by MARI. Business Applicant further authorizes Triad to release to MARI and any similar databases any and all information concerning Business Applicant and/or its employees in relation to any loan application or business practice that is believed to constitute misrepresentation, irregularity, and/or fraud. Business Applicant acknowledges that it and its employees may be named as originating entity, dealer, or salesperson on such loans, regardless of whether Business Applicant or its employees are implicated in the misrepresentation, irregularity, and/or fraud. Business Applicant hereby releases and agrees to hold harmless Triad from any and all liability for damages, losses, costs, and expenses that may arise from the reporting or use of any information submitted or used by Triad.

Name of Business Applicant: \_\_\_\_\_

Name of Authorized Representative of Business Applicant: \_\_\_\_\_

Signature of Authorized Representative of Business Applicant: \_\_\_\_\_

Title of Authorized Representative of Business Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned individual hereby authorizes Triad to investigate the personal credit history of the undersigned and obtain credit bureau reports on the undersigned from time to time at Triad's sole discretion. The undersigned further authorizes Triad to investigate the undersigned through MARI and/or similar databases from time to time at Triad's sole discretion. The undersigned acknowledges that Triad may report the undersigned to background databases, such as MARI, and agrees to indemnify and hold harmless Triad for any information reported to MARI, any similar databases, any credit bureaus, and any other entities to which Triad may report.

Name of Individual: \_\_\_\_\_

Signature of Individual: \_\_\_\_\_

Date: \_\_\_\_\_

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Triad office at the address listed above within sixty (60) days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within thirty (30) days of your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.



## PERSONAL FINANCIAL STATEMENT

AS OF \_\_\_\_\_ 20\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  Individual Statement  
 Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  Joint Statement (If this box checked,  
 \_\_\_\_\_ Business \_\_\_\_\_ complete below)  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Name \_\_\_\_\_  
 Relationship \_\_\_\_\_

**The information on this financial statement is correct, complete, and true to the best of my/our knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION I

(Note: Complete all of Section II BEFORE Section I)

ASSETS	DOLLARS	LIABILITIES	DOLLARS
1. Cash on Hand & in Banks (Sec. II-A)		21. Notes Due to Banks (Sec. II-A)	
2. Cash Value of Life Insurance (Sec. II-B)		22. Notes Due to Relatives & Friends (Sec. II-H)	
3. U.S. Government Securities (Sec. II-C)		23. Notes Due to Others (Sec. II-H)	
4. Other Marketable Securities (Sec. II-C)		24. Accounts & Bills Payable (Sec. II-H)	
5. Notes & Accts. Receivable – Good Accts. (Sec. II-D)		25. Unpaid Income Taxes Due	
6. Other Assets Readily Convertible to Cash - Itemize		26. Other Unpaid Taxes & Interest	
7.		27. Loans on Life Insurance Policies (Sec. II-B)	
8.		28. Contract Accounts Payable (Sec. II-H)	
9.		29. Cash/Rent Owed	
10. <b>TOTAL CURRENT ASSETS</b>		30. Other Liabilities Due within 1 Year – Itemize	
11. Real Estate Owned (Sec. II-E)		31.	
12. Mortgages & Contracts Owned (Sec. II-F)		32.	
13. Notes & Accts. Receivable – Doubtful (Sec. II-D)		33. <b>TOTAL CURRENT LIABILITIES</b>	
14. Notes Due from Relatives & Friends (Sec. II-D)		34. Real Estate Mortgages Payable (Sec. II-E)	
15. Other Securities-Not Readily Marketable (Sec. II-C)		35. Liens & Assessments Payable	
16. Personal Property (Sec. II-G)		36. Other Debts – Itemize	
17. Other Assets – Itemize		37. <b>TOTAL NON-CURRENT LIABILITIES</b>	
18.		38. <b>TOTAL LIABILITIES (Line 33 + 37)</b>	
19. <b>TOTAL NON-CURRENT ASSETS</b>		39. <b>NET WORTH (Line 20 minus Line 38)</b>	
20. <b>TOTAL ASSETS (Line 10 + 19)</b>		40. <b>TOTAL LIABILITIES &amp; NET WORTH</b>	

ANNUAL INCOME		ESTIMATE OF ANNUAL EXPENSES	
Salary, Bonuses & Commissions	\$	Income Taxes	\$
Salary (Wife/Husband, Only if JOINT checked above)	\$	Other Taxes	\$
Dividends & Interest	\$	Insurance Premiums	\$
Rental & Lease Income (Net)	\$	Mortgage Payments	\$
Other Income – Itemize	\$	Rent/Lease Payable	\$
	\$	Other Expenses – Itemize	\$
	\$		\$
	\$		\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL EXPENSES</b>	<b>\$</b>

GENERAL INFORMATION	CONTINGENT LIABILITIES
Are any assets pledged? <input type="checkbox"/> Yes <input type="checkbox"/> No (See Section II)	As Endorser, Co-Marker or Guarantor \$
Are you a Defendant in and Suits or Legal Actions? <input type="checkbox"/> Yes <input type="checkbox"/> No	On Leases or Contracts \$
If Yes, Explain:	Legal Claims \$
Have you declared Bankruptcy in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Federal – State Income Taxes \$
If Yes, Explain:	Other – Describe \$

### SECTION II

#### A. CASH IN BANKS AND NOTES DUE TO BANKS (List all Real Estate Loans in Section II-E)

Name of Bank	Type of Account	Type of Ownership	On Deposit	Notes Due to Banks	Collateral (If Any)
Cash on Hand			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
<b>TOTALS</b>			\$ (Enter Sec. I-Line 1)	\$ (Enter Sec. 1-Line 21)	

**B. LIFE INSURANCE** (List only those Policies that you own)

Company	Face Value of Policy	Cash Surrender Value	Policy Loan from Insurance Co.	Beneficiary
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>TOTALS</b>	\$	\$ (Enter Dec. I-Line 2)	\$ (Enter Sec 1-Line 27)	

**C. SECURITIES OWNED** (Including U.S. Government Bonds and all other Stocks and Bonds)

Face Value – Bonds/No. of Shares-Stock	Description	Type of Ownership	Cost	Market Value U.S. Gov. Sec.	Market Value Marketable Sec.	Market Value (Not Readily Marketable) Securities
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
<b>TOTALS</b>			\$	\$ (Enter Sec. I-Line 3)	\$ (Enter Sec. I-Line 4)	\$ (Enter Sec. I-Line 15)

**D. NOTES AND ACCOUNTS RECEIVABLE** (Money Payable or Owed to You Individually)

Maker/Debtor	When Due	Original Amount	Balance Due Good Accts.	Balance Due Doubtful Accts.	Balance Due Relatives/Friends	Security
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
<b>TOTALS</b>		\$	\$ (Enter Sec. I-Line 5)	\$ (Enter Sec. I-Line 13)	\$ (Enter Sec. I-Line 14)	

**E. REAL ESTATE OWNED**

Description & Location	Title in Name(s) Of	Date Purchased	Original Cost	Present Value	Balance Due	To Whom Payable
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
<b>TOTALS</b>			\$	\$ (Enter Sec. I-Line 11)	\$ (Enter Sec. I-Line 34)	

**F. MORTGAGE AND CONTRACTS OWNED**

Contracts	Mortgage	Maker	Property Covered	Balance Due
				\$
				\$
				\$
<b>TOTALS</b>				\$ (Enter Sec. I-Line 12)

**G. PERSONAL PROPERTY**

Description	Cost When New	Value Today	Balance Due	To Whom Payable
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>TOTALS</b>	\$	\$ (Enter Sec. I-Line 16)	\$	

**H. NOTES (Other than Bank, Mortgage, and Insurance Company Loans) ACCOUNTS & BILLS AND CONTRACTS PAYABLE**

Payable To	When Due	Notes Due to Rel. & Friends	Notes Due to Others (Not Banks)	Accounts & Bills Payable	Contracts Payable
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>TOTALS</b>		\$ (Enter Sec. I-Line 22)	\$ (Enter Sec. I-Line 23)	\$ (Enter Sec. I-Line 24)	\$ (Enter Sec. I-Line 28)