



Inventory Finance Program

Thank you for your interest in our Inventory Finance Program.

Please email completed applications to:

abohannon@triadfs.com

Documentation Fee

- o This fee is billed to monthly statement after the credit line has been approved and account set up.
- o Our goal at Triad is to be your preferred lender of choice, giving you the convenience of using a one stop shop lender for all your needs.

Inventory Finance Rebate Program

Please see the attached rebate program. The rebate is based on Average Floorplan Outstandings during the quarter and total Retail Finance Fundings in the quarter. Land/home fundings do not count towards the rebate.

Inventory Insurance

The premium is charged based on the actual value of the funded inventory. Available for Triad & Non-Triad Floorplan Credit Lines. Open Enrollment Insurance Form must be completed to request a policy quote.

Thank you for the opportunity to do business with you. We look forward to working with you.

Thank you!

Ashley Bohannon

Inside Sales/Support Specialist

C: 352-318-4387

F: 904-223-7590

W: 904-927-4711

abohannon@triadfs.com

Inventory Finance | Triad Financial Services, Inc (NMLS# 1063)

13901 Sutton Park Dr South, Suite 300, Jacksonville, FL 32224 (800) 522-2013 triadfs.com

INVENTORY FINANCE APPLICATION CHECKLIST

Please Complete the Following Forms:

- o Floorplan Application Attached.
- o Lot Location List (include all sales locations that will hold Triad inventory).
- o Landlord Waiver (required for all leased locations containing applicant's inventory).
- o Notice of Investigation-attached (to be completed by each individual guarantor).
- o Personal Financial Statement form if needed. Needs to be completed by all individual owners that own more than 10% of the business. OK to submit a financial statement prepared on another form (as long as not older than 6 mos.).
- o Optional Triad Insurance Enrollment Form (Must be completed to receive a quote using Triad Policy).

Please Provide Copies of the Following Documents:

- o Dealer's License for each sales lot.
- o Organizational Documents (*Articles of Incorporation, Corporate Charter, Articles of Organization and/or Partnership Agreement*). *Sole Proprietorships should submit a copy of their driver license.*
- o Business Tax Returns and (*Last 2 years for established businesses*).
- o Interim Financial Statements (*Most recent available. Internally prepared are acceptable*).
- o Personal Tax Return for each owner (Last 2 years).
- o Open Lot Insurance Policy (Upon Approval). Must include the credit line amount and all perils including wind, hail and flood coverage.
- o For ownership of 2 years or less:
 - Business Principal/Owner Resume(s);
 - Photo ID (*for each owner*) ;
 - Pro Forma Business Statements;
 - Business Plan;
 - Opening balance sheet on new entity.

If you have any questions, please do not hesitate to contact:

Kyle Lammons (NMLS #2038946)
Commercial Sales Manager
Triad Financial Services, Inc. (NMLS #1063)
p: (904) 897-8600
m: (904) 392-1395
e: klammons@triadfs.com

Ashley Bohannon
Inside Sales -Sales Support
Triad Financial Services, Inc. (NMLS #1063)
p: (904) 927-4711
m: (352) 318-4387
e: abohannon@triadfs.com

Floorplan Finance Application

| | | | | | | | |
|--|--|--------------------------------|--|---|---------------------------|------|--|
| Exact Legal Business Name (Parent Company): | | | | Legal Entity That Will Own the Inventory: | | DBA: | |
| Phone #: | | Business Fiscal Year End: | | | Federal Tax ID: | | |
| Physical Address (Corporate): | | City, State: | | Zip: | Contact Name: | | |
| Mailing Address (Corporate): | | 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 Floorplan: | | | | | Manufacturers: | | |
| APPLICANT OWNER INFORMATION (Include any individual or entity that owns 10% or more of the business entity that will own the inventory) | | | | | | | |
| Individual Owner Name & Title: | | | | | Years in Industry: | | |
| % of Ownership: | | Social Security Number: | | | Date of Birth: | | |
| Home Address: | | City/State: | | Zip: | Phone # Email Address: | | |
| Marital Status: | | Spouse Legal Name: | | | Phone # Email Address: | | |
| Individual Owner Name & Title: | | | | | Years in Industry: | | |
| % of Ownership: | | Social Security Number: | | | Date of Birth: | | |
| Home Address: | | City/State: | | Zip: | Phone # Email Address: | | |
| Marital Status: | | Spouse Legal Name: | | | Phone # Email Address: | | |

| | | | |
|---|----------------------|---------------------|---------------------------------|
| Corporate Owner Name: | | Years in Industry: | |
| % of Ownership: | Business Start Date: | | Business Fiscal Year End: |
| Business Address: | City/State: | Zip: | Business Phone #: |
| APPLICANT INSURANCE INFORMATION | | | |
| <input type="checkbox"/> Have <input type="checkbox"/> Do not have insurance coverage for inventory in the amount of the requested Credit Line. | | | Insurance Carrier and Policy #: |
| Insurance Carrier Phone #: | | | Renewal Date: |
| I am interested in TFS Insurance products including open lot inventory coverage. | | | |
| BANKRUPTCY, CREDIT, LITIGATION INFORMATION | | | |
| Have the Applicant or its owners filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes attach additional sheet with explanation. | | | |
| Have the Applicant or any of its owners applied for credit with TFS before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are there any legal actions pending against the Applicant or any of its owners? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Has the Applicant ever been affiliated, voluntarily surrendered units of manufactured home inventory to a lender or other financial institutions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes attached additional sheet with explanation. | | | |
| | | | |
| Bank Name: | City, State: | Checking Acct #: | |
| Contact Name: | Bank Phone #: | Current Balance: | |
| 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"/> Yes <input type="checkbox"/> No | Is each entity invoiced separately by the factory on all inventory sold to that entity? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I am interested in TFS retail manufactured home finance products. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Approved | |
| APPLICANT SIGNATURE AND ATTESTATION Applicant makes this application to Triad Financial Services, Inc. ("TFS") for an inventory finance line of credit and provides | |
| ApplicantName: | Printed Name and Title of Person signing on behalf of Applicant: |
| Owner Signature: | Date: |

Please remember to include the following, depending on your entity structure:

Sole Proprietorship – Provide copy of either Social Security Card or Birth Certificate, Partnership – Provide copy of Partnership Agreement, Corporation or Sub "S" Corporation – Provide Articles of Incorporation, Bylaws and any Shareholders' Agreement, Limited Liability Company – Provide Articles of Organization and Operating Agreement.

LOT LOCATION LIST

1. Principal Business Location _____
(Exact Legal Business Name)

(DBA)

(Address)

(City) (State) (Zip)

Lease Payment \$ _____ Lease End Date: _____/_____/_____

Landlord Contact Information: _____

2. Additional Location _____
(Exact Legal Business Name)

(DBA)

(Address)

(City) (State) (Zip)

Lease Payment \$ _____ Lease End Date: _____/_____/_____

Landlord Contact Information: _____

3. Additional Location _____
(Exact Legal Business Name)

(DBA)

(Address)

(City) (State) (Zip)

Lease Payment \$ _____ Lease End Date: _____/_____/_____

Landlord Contact Information: _____



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: _____

Home Address: _____

Phone Number: _____ SSN: _____ 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.

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) 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; 3) this waiver shall be binding upon the successors, transferees, and assignees of Landlord.

SIGNED this _____ day of _____, _____.

(Landlord)

By: _____

Witness: _____

Title: _____

Address: _____

Address: _____

City/State: _____

City/ State: _____

Phone: _____

PERSONAL FINANCIAL STATEMENT

AS OF _____ 20____

Name: _____

Birthdate: _____

☐ Individual Statement

Address: _____

Social Security No. _____

☐ Joint Statement (if this box is checked, complete below)

Business: _____

Name: _____

Home Phone: _____

Business Phone: _____

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. <i>TOTAL CURRENT ASSETS</i> | | 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. <i>TOTAL CURRENT LIABILITIES</i> | |
| 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. <i>TOTAL NON-CURRENT LIABILITIES</i> | |
| 18. | | 38. <i>TOTAL LIABILITIES</i> (Line 33 + 37) | |
| 19. <i>TOTAL NON-CURRENT ASSETS</i> | | 39. NET WORTH (Line 20 minus Line 38) | |
| 20. <i>TOTAL ASSETS</i> (Line 10 + 19) | | 40. <i>TOTAL LIABILITIES & NET WORTH</i> | |

| 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 |

| | | |
|--------------|----|-------------------|
| | \$ | \$ |
| | \$ | \$ |
| TOTAL INCOME | \$ | TOTAL EXPENSES \$ |

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

| | Face Value of Policy | Cash Surrender Value | Policy Loan from | |
|--|----------------------|----------------------|------------------|--|
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |

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

| Face Value – Bonds/No. of Shares- | Description | Type of Ownership | Cost | Market Value U.S. Gov. Sec. | Market Value Marketable Sec. | Market Value (Not Readily Marketable) |
|-----------------------------------|-------------|-------------------|------|-----------------------------|------------------------------|---------------------------------------|
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ |

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 |
|--------------|----------|-----------------|-------------------------|-----------------------------|-------------------------------|----------|
| | | \$ | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | \$ | |
| | | \$ | \$ | \$ | \$ | |

E. REAL ESTATE OWNER

| Description & Location | Title in Name(s) Of | Date Purchased | Original Cost | Present Value | Balance Due | To Whom Payable |
|------------------------|---------------------|----------------|---------------|---------------|-------------|-----------------|
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | \$ | \$ | \$ | |
| | | | | \$ | \$ | |

F. MORTGAGE AND CONTRACTS OWNED

| Contracts | Mortgage | Maker | Property Covered | Balance Due |
|-----------|----------|-------|------------------|-------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

G. PERSONAL PROPERTY

| Description | Cost When New | Value Today | Balance Due | To Whom Payable |
|-------------|---------------|-------------|-------------|-----------------|
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |

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 |
|------------|----------|-----------------------------|---------------------------------|--------------------------|-------------------|
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |



Inventory Insurance Enrollment Form for Manufactured Housing

Please print or type the application
for insurance and email to
LocktonDocs@TriadFS.com.
Questions?
Call (800) 522-2013, Ext. 1609

| FOR AGENT USE ONLY | |
|---|----------------|
| <input type="checkbox"/> TRIADFINANCEDINVENTORY | |
| <input type="checkbox"/> NON-TRIAD FINANCED INVENTORY | |
| CUSTOMER ID NUMBER | CREDIT LIMIT\$ |
| CUSTOMER ID NUMBER | CREDIT LIMIT\$ |
| CUSTOMER ID NUMBER | CREDIT LIMIT\$ |

| PLEASE PRINT OR TYPE | |
|--------------------------|----------------------------|
| DEALER NAME | DBA |
| MAILING ADDRESS | |
| PRIMARY LOCATION ADDRESS | |
| PHONE NUMBER | EMAIL |
| CONTACT PERSON | EFFECTIVE DATE OF COVERAGE |

| LOCATIONS | ADDRESS | COUNTY | AVG INVEN VALUE | TORY |
|-----------|---------|--------|--------------------|------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

(Use separate sheet if more than three locations)

STANDARD MONTHLY RATES RANGE FROM \$.080 - \$.130 PER \$100 OF TOTAL IN VALUES
AND ARE DETERMINED ON A PER LOCATION BASIS, ACCORDING TO THE
OF EXPOSURE TO THE PERILS OF WIND, HAIL, FLOOD AND EARTHQUAKE

Rate is per \$100 of the reported value. Subject to underwriting approval. Deductibles apply: Wind, Hail, Flood and Earthquake: 10% of unit values subject to a minimum of \$2,500 per unit and a maximum of \$250,000 per occurrence. Deductible for all other perils is \$1,000 per occurrence.

| LOSS HISTORY |
|--|
| Have you had any losses of \$25,000 or more in the last 3 years? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please attach 3 years of currently valued loss runs. |

This is a request for inventory insurance and covers the original invoiced amount of the inventory reported by Triad Financial Services. It is agreed that the information contained herein has been prepared from our records and is true and correct.

| APPLICANT SIGNATURE | DATE |
|---------------------|------|
| X | |

The Triad Financial Services Inventory Insurance Program is administered by Lockton Affinity, LLC d/b/a Lockton Affinity Insurance Brokers LLC in California #0795478. Coverage is subject to actual policy terms and conditions. Policy benefits are the sole responsibility of the issuing insurance company. Coverage is provided by an excess/surplus lines insurer which is not licensed by or subject to the supervision of the insurance department of your state of residence. Policy coverage forms and rates are not subject to regulation by the insurance department of your state of residence. Excess/Surplus lines insurers do not generally participate in state guaranty funds and therefore insureds are not protected by such funds in the event of the insurer's insolvency. Triad Financial Services will receive a royalty fee for the licensing of its name and trademarks as part of the insurance program offered to the extent permitted by applicable law.