

## Inventory Finance Program

Thank you for your interest in our Inventory Finance Program.

Please email completed applications to:

[abohannon@triadfs.com](mailto:abohannon@triadfs.com)

### Documentation Fee

- o If approved we charge a \$500 Documentation fee that covers costs related to: Application review & processing, credit bureau, financial statements analysis, documentation preparation & UCC Filings.
- 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  
904-927-4711  
352-318-4387 C  
904-223-7590 Fax

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

## 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).
- 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:

#### **Ashley Bohannon**

Inside Sales/Support Specialist 904-927-4711

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abonannon@triadfs.com

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## Triad 2023

### Inventory Finance Rebate Program

New Opportunities to Receive an Even Larger Rebate!

Tier	Average Triad Inventory Balance	Quarterly Triad Retail Finance Volume*	Rebate Payout Percentage
1	\$300,000 to \$600,000	\$100,000 to \$200,000	.125% (.03125% Quarterly)
2	\$600,001 to \$900,000	\$200,001 to \$300,000	.25% (.0625% Quarterly)
3	\$900,001 to \$1,500,000	\$300,001 to \$400,000	.375% (.09375% Quarterly)
4	\$1,500,001 to \$3,000,000	\$400,001 to \$500,000	.50% (.125% Quarterly)
5	\$3,000,001 to \$5,000,000	\$500,001 to \$750,000	.625% (.15625% Quarterly)
6	\$5,000,001 to \$8,000,000	\$750,001 to \$1,000,000	.75% (.1875% Quarterly)
7	\$8,000,001 to \$12,000,000	\$1,000,001 to \$2,000,000	.875% (.21875% Quarterly)
8	\$12,000,001+	\$2,000,001+	1.00% (.25% Quarterly)

Effective 1/1/2023

Payouts will be Quarterly

\*Land Home Retail Finance Volume is not eligible for the Retail Finance Volume qualifier.

Retailer must be in good standing with both Triad Inventory Finance & Retail Finance divisions to qualify for the rebate.

WWW.TRIADFS.COM Phone:(800) 522-2013

Our Corporate Headquarters:  
Triad Financial Services, Inc. NMLS #1063  
13901 Sutton Park Drive South, Suite 300  
Jacksonville, FL 32224



Other terms and conditions may apply. Not all products are available in all states. This advertisement is not intended for consumer use. This is not an advertisement to extend consumer credit as defined by TILA Regulation Z.

## 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:		Requested Credit Line Rental:			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	
<b>APPLICANT SIGNATURE AND ATTESTATION</b> 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 &amp; 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](mailto: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.