



Inventory Finance Program for Community Retailers

Thank you for your interest in our Inventory Finance Programs! I look forward to assisting you with your financial needs!

Please email completed applications to:

abohannon@triadfs.com

Fees associated with floorplan lines:

- Documentation Preparation Fee of \$500 - This fee is billed upon activation and will appear on the monthly statement after the credit line has been approved and the account is set up.
- An administrative fee of \$20.00 per month per unit (once homes are added to the line).

Inventory Finance Rebate Program

Please see the attached rebate program flyer. 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. Inventory coverage is required to activate the floorplan line.

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

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

Kyle Lammons (NMLS #2038946)
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INVENTORY FINANCE APPLICATION CHECKLIST

Please Complete the Following Forms:

- Floorplan Application Attached.
- Community Organizational Chart – must be completed, attached separately (Excel sheet)
- Landlord Waiver (required for all leased locations containing applicant's inventory).
- Notice of Investigation-attached (to be completed by each individual guarantor).
- 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.).
- Optional Triad Insurance Enrollment Form (Must be completed to receive a quote using Triad Policy).
- Entity Organizational Chart - Identifies the guarantor(s) with the financial strength.

Please Provide Copies of the Following Documents:

- Dealer's License for each sales lot.
- Business Plan: Are communities rental-only or are homes also for sale?
- Schedule of Debt / Real Estate Operators Schedule for the community holdings (Acquisition Date, Purchase Price, Financing Terms, Occupied/Vacant Lots, Appraisals).
- 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 Returns and (Last 2 years for established businesses).
- Interim Financial Statements (Most recent available. Internally prepared are acceptable).
- Personal Tax Return for each owner (Last 2 years).
- Open Lot Insurance Policy (Upon Approval). Must include the credit line amount and all perils including wind, hail and flood coverage (if in a flood zone). If you do not have a policy currently in place, please complete the enrollment form within the application.
- For ownership of 2 years or less:
 - Business Principal/Owner Resume(s);
 - Photo ID (*for each owner*);
 - Pro Forma Business Statements;
 - Opening balance sheet on new entity.

Please note the most efficient way to submit your application is by utilizing the checklist to ensure we have all information that underwriting will need. This will result in the quickest turnaround time for their reviews.

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

Ashley Bohannon
p: (904) 927-4711
e: abohannon@triadfs.com

Kyle Lammons (NMLS#2038946)
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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 amount (REQUIRED):		Requested Rental Line amount (if needed):		Manufacturers (REQUIRED):	
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.			
OTHER BANKS			
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:	
<p>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.</p>	
Applicant Name:	Printed Name and Title of Person signing on behalf of Applicant:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Owner Signature:</div> <div style="width: 45%;">Date:</div> </div>	

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.

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

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"/> TRIAD FINANCED INVENTORY <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 INVENTORY VALUE	HIGHEST UNIT VALUE	# OF UNITS
1					
2					
3					
INVENTORY TYPE					

(Use separate sheet if more than three locations)

Monthly rates are determined on per location basis, according to the amount of exposure to the perils of wind, hail, flood and earthquake. Rate is per \$100 of the reported value. Subject to underwriting approval. Named Peril Deductibles apply for Wind, Hail, Flood and Earthquake. 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.

APPLICANTS 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.