TRIAD
FINANCIAL SERVICES
AN ECN CAPITAL COMPANY

INVENTORY FINANCE APPLICATION CHECKLIST

Please Complete the Following Forms:

- Floorplan/Rental Application Attached
- Lot Location List (include all sales locations and parks/communities that will hold Triad inventory)
- Landlord Waiver (required for all leased locations containing applicant's inventory)
- Notice of Investigation (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.)

Please Provide Copies of the Following Documents:

- Dealer's License for each lot or community
- 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/or Accountant Prepared Statements (*Last 2 years for established businesses*)
- Interim Financial Statements (*Most recent available*)
- Business Tax Returns for each Corporate owner (*Last 2 years for established businesses*)

- For ownership of 2 years or less:
  - Business Principal/Owner Resume(s)
  - Photo ID (*for each owner*)
  - Pro Forma Business Statements

If you have any questions, please do not hesitate to contact me at jsmith@triadfs.com or (904) 927-4733.

Regards,
Jacob Smith
Vice President, Commercial Sales

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Floorplan/Rental 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 □ Corporation □ Sub "S" Corporation □ LLC □ Partnership □ 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:	Home Phone #:
Marital Status:	Spouse Legal Name:		Cell Phone #:
Individual Owner Name & Title:			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 #:

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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	
I □ **Have** □ **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? □ **Yes** □ **No** If yes attach additional sheet with explanation.
Have the Applicant or any of its owners applied for credit with TFS before? □ **Yes** □ **No**
Are there any legal actions pending against the Applicant or any of its owners? □ **Yes** □ **No**
Has the Applicant ever been affiliated, voluntarily surrendered units of manufactured home inventory to a lender or other financial institutions? □ **Yes** □ **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: Contact Name:	City, State: Contact Phone #	Credit Line Amount: Current Balance:
Floorplan Finance Company Name: Contact Name:	City, State: Contact Phone #	Credit Line Amount: 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? □ **Yes** □ **No**	Is each entity invoiced separately by the factory on all inventory sold to that entity? □ **Yes** □ **No**
I am interested in TFS retail manufactured home finance products. □ **Yes** □ **No** □ **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	
Applicant Name:	Printed Name and Title of Person signing on behalf of Applicant:
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.

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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: _____

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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 waivers, 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_____,_____.

(Landlord)

By:_____

Witness:_____ Title:_____

Address:_____ Address:_____

City/State:_____ City/ State:_____

Phone:_____

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

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? □ Yes □ No (See Section II)	As Endorser, Co-Marker or Guarantor	$
Are you a Defendant in and Suits or Legal Actions? □ Yes □ No	On Leases or Contracts	$
If Yes, Explain:	Legal Claims	$
Have you declared Bankruptcy in the last 10 years? □ Yes □ 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) Securities
			$	$	$	$
			$	$	$	$
			$	$	$	$
				$	$	$

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
		$	$	$	$
		$	$	$	$
		$	$	$	$