

## APPLICATION COVER SHEET



SUBMIT APPLICATIONS TO: [ORIGINATIONS@TRIADFS.COM](mailto:ORIGINATIONS@TRIADFS.COM)  
SUBMIT CONDITIONS TO: [CONDITIONS@TRIADFS.COM](mailto:CONDITIONS@TRIADFS.COM)

APPLICANT NAME:

TRIAD BUSINESS DEVELOPMENT MANAGER:

RETAILER NAME:

PARTNER ID:

RETAILER ADDRESS:

CITY:

STATE:

ZIP:

PARK NAME & ADDRESS IF APPLICABLE

### CONTACT INFORMATION FOR ALL LOAN CORRESPONDENCE

PRIMARY RETAILER CONTACT

PHONE NUMBER

EMAIL ADDRESS

LOAN PROCESSOR/ASSISTANT

PHONE NUMBER

EMAIL ADDRESS

NOTES: