CERTIFIED CAPITAL INC.

TRAILER FINANCE

WWW.CCIFINANCE.COM

CCI'S DEALER INFORMATION FORM

Legal Name of Business		**DBA**	
Business Address			
City		**State**	**Zip**
Business Phone Number	**Business Fax Number**		
Owner	**Sales Manager**		
Name of F & I Manager or Contact Person	☐ **Corporation** ☐ **Partnership** ☐ **Proprietorship**	**# Of Years In Business**	**# Of Salespeople**
Federal Tax ID #	**Retail License #**		
States Sales Tax Rate	**Any Special Or Different Sales Tax Rates**		
Do You Charge Documentation Fees? ☐ **Yes** ☐ **No**	**If "Yes", How Much?**		
Typical Title Fee Amount	**Typical License Fee Amount**	**Typical Registration Fee Amount**	
Express Mail Company	**Express Mail Account #**		
What Lending Institutions Are You Currently Signed With? _____ _____ _____ _____ _____	**Product Lines Sold In Store(s)?** _____ _____ _____ _____ _____ _____ _____		
Who Is Your Primary Lender?			
Service Contract Company	**Credit Life Company**		
Wholesale Floor Plan Company	**Do You Have Other Store Locations?** ☐ **Yes** ☐ **No**		
ANNUAL UNIT SALE ☐ **0-50** ☐ **51-100** ☐ **101-200** ☐ **201-400** ☐ **401 Or More**			

Date _____Signature_____