



Broker / Rep - SNAP

DATE: (mm/dd/yyyy)

In order to provide a financing program that continually meets the needs of our dealers and their customers, SNAP Financial requires that all dealers complete the following Dealer Application Form. All information collected is strictly confidential. Please complete all information - Incomplete application forms will not be processed.

PLEASE PRINT CLEARLY

CONTACT INFORMATION

Name of Business:
Telephone: Facsimile:
Address:
City: Prov:
Postal Code: Email:
Website address (if applicable)

COMPANY PROFILE

1) Briefly describe the nature of your business
2) In what year was your company established? How long under current control?
3) Number of Employees
4) Monthly sales volumes?
5) Estimated monthly financing volume?

PRODUCTS / SERVICES

1) What is the average ticket size of each product / service?
2) Is there a warranty attached to the product / service?
3) Who is your current warranty provider
4) Is your office equipped with a PC and Internet Access?
5) Does your company use Direct Sales contracts?

FINANCING OPTIONS

1) Do you currently have a financing relationship with another financial institution or financing company?
2) If yes, which financial institution?
3) Do you expect to offer financing promotions only at certain times during the year or on a regular basis?

**CREDIT BUREAU CONSENT**

The undersigned acknowledges and agrees, in connection with SNAP Financial making a determination in respect of this application, that (a) all information provided in this application is for the purpose of securing credit and warrants that it is true, correct and complete, (b) a credit/consumer report and other credit information containing personal information may be requested from a credit/consumer reporting agency and financial institution, (c) SNAP Financial is authorized to exchange with any credit/consumer reporting agency and financial institution credit information covering this application for the purposes of a potential business relationship with SNAP Financial.

Owner's First Name:	_____	Owner's Last Name:	_____
Title:	_____	Date of Birth:	_____
SIN:	_____	Email:	_____
Credit Card #	_____		
Home Address:	_____		
City:	_____	Province:	_____
Postal Code:	_____		
	Owner's Signature:	_____	

Please attach a "VOID" cheque so that we may arrange direct deposit to your bank account

SNAP Financial, should it accept this Application, intends to provide access to its Finance program and technology to the above identified organization (hereinafter called the "DEALER"); The DEALER will be required to enter into a formal Dealer Agreement before access to the SNAP Financial finance program will be granted.

PLEASE ENSURE THE REQUESTED INFORMATION IS COMPLETED.

IN WITNESS WHEREOF the parties have executed this Agreement as of the date first above written.

Application Submitted by:  
\_\_\_\_\_  
(Dealer Name)

Accepted by:  
SNAP Financial

\_\_\_\_\_  
Per. (name and title)

\_\_\_\_\_  
Per. (name and title)

\_\_\_\_\_  
Per. (name and title)

\_\_\_\_\_  
Per. (name and title)