



DEALER APPLICATION

www.snapfinancial.com

PLEASE FAX TO **416-487-8131** and **attach a VOID CHEQUE** so that we may arrange direct deposit to your bank account. 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 this Dealer Application Form in its entirety. All information collected is strictly confidential.

<u>CONTACT INFORMATION</u>		
Business Name		
Telephone Number	Fax Number	
Address	Unit #	
City	Province	Postal Code
Website	Email Address	
<u>COMPANY PROFILE</u> – Please briefly describe the nature of your business		
What Product Lines do you carry?		
Year Company was established	Years under current control	Number of employees
Average transaction size in \$	Monthly Sales Volume	% Financed
Is there a warranty attached?	YES NO	If Yes, by who?
Do you have internet access?	YES NO	Do you use Direct Sales Contracts? YES NO
Current Finance Provider		

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.

<u>CREDIT BUREAU CONSENT</u>		
Owners' Name	Date of Birth	MM/DD/YY
Home Address	Unit #	
City	Province	Postal Code
SIN (optional)	Credit Card# (Optional)	
Owners' Signature		

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.

IN WITNESS WHEREOF the parties have executed this Agreement as of the _____, 20____

Application Submitted By:

Accepted By:

Dealer Name

SNAP FINANCIAL

Signing Authority and Title

Signing Authority and Title (SNAP)