

Fax to
864.234.9506

Confidential Dealer Application



Dealership Information

REP: _____

Company Legal Name: _____

DBA if Applicable: _____

Physical Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ Fax: _____

Yrs in Business: _____ Corporation Partnership Sole Proprietorship LLC

Amount Requested: _____ 30/60 Floor Plan 45/90 Floor Plan

Officer/Owner Information SS#: _____ Cell Phone #: _____

Officer/Owner Name: _____ Title: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____

Partner/Co-Owner Information SS#: _____ Cell Phone #: _____

Partner/Co-Owner Name: _____ Title: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____

Auction References: _____ Phone #: _____

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I hereby certify the information contained within this application and on any accompanying financial statements is true, complete and accurate. I authorize GrandSouth Bank dba CarBucks to obtain credit information from a credit bureau and any financial institution trade creditor that I have provided as well as any other credit investigation that GrandSouth Bank dba CarBucks deems necessary. I authorize GrandSouth Bank dba CarBucks to contact any third persons and to disclose information, including information contained in this application for the purpose of among other things, obtaining inter creditor agreements and protecting GrandSouth Bank dba CarBucks security interest.

Owner Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____

Office Use Only

Amt. _____	Amt. _____	Amt. _____	Amt. _____
Date _____	Date _____	Date _____	Date _____
Sign. _____	Sign. _____	Sign. _____	Sign. _____
Sign. _____	Sign. _____	Sign. _____	Sign. _____
Sign. _____	Sign. _____	Sign. _____	Sign. _____