



DEALER APPLICATION PACKET

Company Name _____ Dealer License # _____

Street Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Website _____ Years in Business _____

Contact Person _____ Title _____

Type of Entity (check one) Corporation S-Corp Partnership Sole Prop. LLP LLC LTD

Total Number of Employees _____ Salespeople _____ Support _____ Other _____

Federal ID # _____ Resale # _____ Registered State _____

Number of Offices and Locations _____

Owner/Principal Name _____ SSN _____

Address _____

Owner/Principal Name _____ SSN _____

Address _____

Owner/Principal Name _____ SSN _____

Address _____

Please list the primary funding sources with which you currently work.

Company _____ Annual Volume \$ _____

Company _____ Annual Volume \$ _____

Company _____ Annual Volume \$ _____

What age/make/model of trucks/trailers/products do you specialize in? _____

Annual Sales Volume \$ _____ Average Transaction Size \$ _____ # of Units sold/mo (avg) _____

Do you have a Repair shop on site? _____ If yes, # of mechanics _____ # of bays _____

Describe any reconditioning/inspection work that you do prior to posting any equipment for sale _____

Typical Source of Used Equipment _____ Who do you market to? _____

Has your company ever had a funding source terminate its business relationship? No Yes (please explain below)

By signing below, applicant warrants that all information given above is true and correct; and that Maxim Commercial Capital, LLC may obtain any information necessary pertaining to this application, including but not limited to owners and officers.

Signature _____ Title _____ Date _____