

**Castle Credit Co Holdings, LLC**  
**8430 W. Bryn Mawr Ave.**  
**S-750 Chicago, Illinois 60631**

**Dealer Application**  
**Dealer No. \_\_\_\_\_**

Complete Company Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Company Started: Month \_\_\_\_\_ Year \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Name of Service Manager: \_\_\_\_\_ Phone for Service: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_  
Product Line: \_\_\_\_\_

Full Name of Owner / President: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

If a Corporation or Partnership, list names, addresses, and phones:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Supplier of Merchandise**

Company Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Rep's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long have you been with this supplier? \_\_\_\_\_

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**Primary Lender Information**

Primary Lender: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Percentage Paid: \_\_\_\_\_ Percentage Reserve: \_\_\_\_\_ Length of time with this lender: \_\_\_\_\_  
List any other Finance Companies that you do business with:

\_\_\_\_\_  
\_\_\_\_\_  
How did you hear about Castle Credit? \_\_\_\_\_

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**Business Reference**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_