

# DEALER APPLICATION

Associated Services, Inc., 8632 E. Apache Trail, Mesa, AZ 85207

PLEASE PRINT

Date of Application: \_\_\_\_\_

## Referral Source:

Advertisement    Friend    Relative    Walk-in    Employment Agency

Other: \_\_\_\_\_

## Applicant:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Married    Unmarried    Separated

No. of Dependents Including Self: \_\_\_\_\_ Dependent Ages: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Homeowner    Renter    Relative   Monthly Rent or Mortgage: \_\_\_\_\_ Yrs. There: \_\_\_\_\_

Former Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Years: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Name of nearest relative not living with you: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Are you employed now?    Yes    No

On what date would you be available for work? \_\_\_\_\_

Are you planning on working full time?    Yes    No

What other sources of income do you have? \_\_\_\_\_

Are you involved in any other type of business at this time?    Yes    No

If Yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony?    Yes    No

If Yes, please explain: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE** - Please complete for past 10 years and attach Resume

Employer:	_____	Phone: _____
Work Address:	_____	City, State, Zip _____
Job Title:	_____	Supervisor: _____ Monthly Income: _____
Dates Employed:	From: _____	To: _____
Work Performed:	_____	
Reason for leaving:	_____	
Employer:	_____	Phone: _____
Work Address:	_____	City, State, Zip _____
Job Title:	_____	Supervisor: _____ Monthly Income: _____
Dates Employed:	From: _____	To: _____
Work Performed:	_____	
Reason for leaving:	_____	
Employer:	_____	Phone: _____
Work Address:	_____	City, State, Zip _____
Job Title:	_____	Supervisor: _____ Monthly Income: _____
Dates Employed:	From: _____	To: _____
Work Performed:	_____	
Reason for leaving:	_____	
Employer:	_____	Phone: _____
Work Address:	_____	City, State, Zip _____
Job Title:	_____	Supervisor: _____ Monthly Income: _____
Dates Employed:	From: _____	To: _____
Work Performed:	_____	
Reason for leaving:	_____	
Employer:	_____	Phone: _____
Work Address:	_____	City, State, Zip _____
Job Title:	_____	Supervisor: _____ Monthly Income: _____
Dates Employed:	From: _____	To: _____
Work Performed:	_____	
Reason for leaving:	_____	

***SPECIFIC SKILLS AND QUALIFICATIONS***

Summarize special skills and qualifications acquired from employment or other experience:

***REFERENCES***

Provide **company name, contact** and **telephone number** of three industry references of only manufacturers and retail lenders:

	<b>Contact</b>	<b>Company Name</b>	<b>Telephone Number</b>
1.			
2.			
3.			

**OWNERSHIP STATEMENT**

I understand that it is the policy of Associated Dealers, Inc. and affiliate companies to enter into dealer agreements only with **one person**, *never a partnership or LLC*. That person must be incorporated and **100%** owner of the stock of that corporation at all times. A qualifying corporation would be a “C” or “S” type of corporation only.

I understand that my corporation must continue to be in **good standing** with the corporation commission. It is common for the Lenders to periodically verify good standing.

In the event any stock is transferred to someone else, that will automatically **void the dealer agreement**.

I authorize investigation of the above statements and my credit background including a credit bureau report by signature below or by electronic submission from my e-mail address.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If incorporated, please provide the following information:

Name of corporation: \_\_\_\_\_

Incorporation State: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_