



115 W. Garro St.  
Plymouth, IN 46563  
Phone: 574-935-5859  
Fax: 574-941-4402

Dealer # \_\_\_\_\_

**Documents required for application into CommunityWide’s indirect lending program:**

1. Finances– Last two years tax returns for the business (Non-Franchised)
2. Copy of Articles of Incorporation
3. Copy of Dealer License, Merchant Certificate, & Federal Tax Number
4. Signed Membership Form (Dealer Rep will provide) & Copy of Drivers Licenses for all Owners or Principals
5. Signed Corporation & Voluntary Association Agreement
6. Completed Business, Organization, DBA Due Diligence Questionnaire
8. ACH Form (for funding - Dealer Rep will provide)
9. Signed Dealer Agreement (Dealer Rep will provide)

Dealership Legal Name \_\_\_\_\_

Owner(s)/Principal(s) \_\_\_\_\_

Dealership Address \_\_\_\_\_  
\_\_\_\_\_

Dealership Phone Number \_\_\_\_\_

Dealership Federal Tax ID Number \_\_\_\_\_

Floor plan Company \_\_\_\_\_

Contact Information \_\_\_\_\_  
\_\_\_\_\_

Dealership is a:                     Corporation                     Limited Liability Company  
    Partnership                     Sole Proprietorship

DealerTrack                     RouteOne Number: \_\_\_\_\_

General Manager(s) \_\_\_\_\_  
Direct Phone Number(s) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

Business (F&I) Manger(s) \_\_\_\_\_  
Direct Phone Number(s) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_