



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 W-9 (Request for Taxpayer ID Number & Certification) Dealer Rep will provide & Copy of Drivers Licenses for all Owners or Principals
5. Signed Corporation & Voluntary Association Agreement (Dealer Rep will provide)
6. Completed Business, Organization, DBA Due Diligence Questionnaire (Dealer Rep will provide)
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 Fax 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) _____