## **GUARDIAN FINANCE COMPANY**

## PROSPECTIVE DEALER APPLICATION

Guardian Branch Office:		Date:	
Dealer Name:			
Street Address:			
City:	State:	Zip:	
Telephone:	Fax:		
Company ( ) Corporation (	) Other ( )		
Name of principal owners & t	itles:		
Sales Method: In store ( ) Of	her ( ) If other, Explain: _		
Are you interested in selling a	ccounts receivables? Yes	( ) No( )	
If Yes, amount and type:			
Are you a member of Better B	Business Bureau? Yes ( )	No ( )	
Type of financing needed:			
Bank Reference:			
May we check your credit bur	eau file? Yes ( ) No ( )	SS#	
Applicant should also furnish	financial statements & 2 y	rears Tax returns	
Authorized Signature		Date	
Approved by:	Da	ate Branch advised:	
Term and conditions:			