



VAUGHAN
•SPECIALTY•
AUTOMOBILES

BUSINESS INFORMATION

LEGAL COMPANY NAME		PHONE NUMBER	FAX NUMBER	
TRADE NAME (IF DIFFERENT FROM LEGAL NAME)		CONTACT NAME	FEDERAL ID#	
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		BUSINESS PROPERTY		<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP SUB "S" <input type="checkbox"/> C-CORPORATION <input type="checkbox"/> LLC
YEAR BUSINESS STARTED	NATURE OF BUSINESS	OWNED: _____	LEASED: _____	

PRINCIPAL'S INFORMATION

INDIVIDUAL'S NAME	SOCIAL SECURITY #	DATE OF BIRTH	% OF OWNERSHIP	HOME PHONE #
HOME ADDRESS	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE	CITY	STATE	ZIP
INDIVIDUAL'S NAME	SOCIAL SECURITY #	DATE OF BIRTH	% OF OWNERSHIP	HOME PHONE #
HOME ADDRESS		CITY	STATE	ZIP

COMPANY FINANCE INFORMATION

PRIMARY BANK NAME	BANK CONTACT		
ACCOUNT NUMBER	BANK PHONE NUMBER		
HAS COMPANY EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YEAR _____	NUMBER OF FUNERALS ANNUALLY _____	ANNUAL REVENUES: \$ _____	
CURRENT NUMBER OF VEHICLES IN FLEET	IS VEHICLE TO BE FINANCED		
HEARSE _____ LIMOUSINE _____ FIRST CALL _____ FLOWER CAR _____	<input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADDITIONAL		

TRADE REFERENCES

TRADE REFERENCE	CONTACT	PHONE NUMBER
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VEHICLE BEING PURCHASED

NEW / USED	YEAR	MAKE	MODEL	COST	TAXES	TOTAL
TRADE IN:						

I CERTIFY THE ABOVE INFORMATION TO BE TRUE. I HEREBY AUTHORIZE VAUGHAN SPECIALTY AUTOMOBILES TO OBTAIN ALL CREDIT INFORMATION FROM ANY BANK OR CREDITOR / TRADE ACCOUNT TO CONFIRM THE INFORMATION GIVEN

SIGNATURE _____ NAME _____ DATE _____