



Spartan Financial Partners Line of Credit Business Profile and Authorization Form

Legal Name (under which tax returns are filed)					Federal Tax ID #
DBA Name					
Name of Related Finance Company (if applicable)					
Physical Address			City	State	Zip
Company Contact Name	Company Email Address		Company Website Address		
Company Phone #	Company Fax #	Dealer Management System (DMS) / Loan Origination System (LOS)	Requested Line of Credit Size	Estimated Initial Loan Size	
Types of Contracts in the Company's Portfolio:					
		Simple	Pre-computed	Both	

Corporation LLC Partnership Sole Proprietorship	Date Business Commenced	In House Financing		If yes, please list dollar amount of portfolio	Number of portfolio accounts	Sell loans in Bulk? How often?
		Yes	NO			

	Avg # of Originations each month	Avg # of Repos. each month	Car Value Used	Average Mileage	Average Age/Year	Auction/Wholesale Value
New Vehicles			Black Book Kelley Blue Book NADA			
Used Cars						
Competing Lenders currently active at dealership (if applicable):						
Ancillary products currently offered and price (GAP, Warranties, etc.):						

Questions apply to all Officers/Members/Principals listed above.		Yes	No	If yes, please specify owner(s), officer(s) and or principal(s)
1	Filed or declared personal or business bankruptcy?			
2	Outstanding judgments or non-tax liens?			
3	Contested income or other tax liens?			
4	Do you have any threatened, pending or current litigation against you?			
5	Ever been convicted of a felony?			
6	Have had a motor vehicle dealer's or salesperson's license subjected to denial or disciplinary actions?			

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Business Profile and Authorization (Continued)

For Corporation or LLC, please include info for ALL officers/members. For Partnership or Proprietorship, please include info for ALL Principals. If more space is needed, please attach information on an additional page. Thank you.

Name of Officer/Member/Principal	Residence Address	City	State	Zip
1				
Title/Ownership %:		SSN:	DOB:	Phone No.
2				
Title/Ownership %:		SSN:	DOB:	Phone No.
3				
Title/Ownership %:		SSN:	DOB:	Phone No.

Portfolio/Accounts Receivable Lender Name	Address	City	State	Zip
1				
Amount Owed:		Number of Accounts:		
2				
Amount Owed:		Number of Accounts:		

Accountant Information	Address	City	State	Zip
1				
Contact Name:		Email Address:	Phone No.:	

Auction Floor Plan Name (if applicable)	Address	City	State	Zip
1				
Contact Name:		Phone No.:	Floor Plan Size:	UCC Filing:
2				
Contact Name:		Phone No.:	Floor Plan Size:	UCC Filing:
3				
Contact Name:		Phone No.:	Floor Plan Size:	UCC Filing:

Additional Creditors	Address	City	State	Zip
1				
Contact Name:		Phone No.:	Use/Purpose:	

The undersigned acknowledges and understands that American Credit Acceptance, LLC ("ACA") is relying on the information provided herein to decide whether to extend credit financing and/or purchase receivables. The undersigned certifies that the information provided herein is true and correct. The undersigned authorizes all inquiries deemed necessary by ACA, including credit bureau inquiries, criminal history reports or any other background information necessary in connection with the processing of this application, to verify the accuracy of this information and determine the financial fitness of the applicant. The undersigned authorizes ACA to obtain a consumer credit report in connection with this application, for any aspect of the business relationship arising from this application, or for any other permissible purpose under the Federal Fair Credit Reporting Act.

Date: _____ Signature: _____ Title: _____

Date: _____ Signature: _____ Title: _____

Date: _____ Signature: _____ Title: _____

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