



# New Dealer Application Fee Payment Authorization Form

*Fax completed form to: 715-849-4869*

All companies wishing to apply to be dealers with Aqua Finance, Inc. (AFI) must submit a non-refundable **\$100 application fee** along with the completed New Dealer Application form. Dealer applications received without this accompanying Payment Authorization Form will not be processed. **Approved dealers will receive a \$50 partial refund of this fee at the time they fund their first contract with AFI.**

<b>One-Time Payment Authorization</b>	
<b>Select a Payment Option Below (Please Print Clearly)</b>	
<input type="checkbox"/> <b>CREDIT CARD</b>	Type: <input type="checkbox"/> <b>VISA</b> <input type="checkbox"/> <b>MASTERCARD</b>
Card #: _____	
Exp. Date: _____ CV Code (3-digit code on back of card): _____	
Name on Account (exactly as it appears on card): _____	
Credit Card Billing Address: _____	
City/State/ZIP: _____	
<b>Amount to be Charged: \$100.00 USD Initial Here: _____</b>	
<input type="checkbox"/> <b>ACH DEBIT FROM CHECKING OR SAVINGS ACCOUNT (one-time)</b>	
<input type="checkbox"/> <b>CHECKING</b> (attach voided check) <input type="checkbox"/> <b>SAVINGS</b> (attach deposit slip)	
Routing #: _____ Bank Acct. #: _____	
Customer Name on Account: _____	
Bank Name: _____ Bank Phone #: _____	
Bank Address: _____	
Bank City/State/ZIP: _____	
<b>Amount to be Debited: \$100.00 USD Initial Here: _____</b>	

I hereby authorize and request Aqua Finance, Inc. (AFI) to initiate a debit entry/credit card charge for \$100.00 (per my selection above). I understand that my dealer application will NOT be processed until I submit this form and provide a valid payment method to AFI. I understand that this fee is NOT refundable in the event that my dealer application is denied. I understand that a facsimile (fax) of this form will be accepted as the original and that all terms will be binding.

X \_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_



## DEALER APPLICATION

Send to: Aqua Finance, Inc.  
 One Corporate Drive, Suite 300  
 Wausau, WI 54401  
 Phone: 800.234.3663  
 Fax: 715.848.1444

### COMPANY INFORMATION

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Business Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Business E-mail Address \_\_\_\_\_  
 What States Do You Do Business In? \_\_\_\_\_ Do You Have Other Locations To Set Up? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Year Company Started \_\_\_\_\_ Years of Experience in the Field \_\_\_\_\_  
 Manufacturer/Product Line(s) Sold \_\_\_\_\_  
 Average Sale Price of Equipment \$ \_\_\_\_\_ Number of Units Sold Per Month \_\_\_\_\_  
 Do You Currently Offer Financing To Your Customers? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If YES, Please List The Other Finance Companies Used \_\_\_\_\_

### OWNERSHIP INFORMATION (if there are additional owners with >24% ownership, attach a separate page)

Name \_\_\_\_\_ % of Company Owned \_\_\_\_\_ Years Owned \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
 Name \_\_\_\_\_ % of Company Owned \_\_\_\_\_ Years Owned \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

### TRADE REFERENCE

Trade Name \_\_\_\_\_  
 Trade Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ High Balance \_\_\_\_\_

### BANK REFERENCE

Bank Name \_\_\_\_\_  
 Bank Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone ( ) \_\_\_\_\_ High Balance \_\_\_\_\_

The information contained in this statement is provided for the purpose of establishing a credit referral relationship with Aqua Finance, Inc. (hereinafter referred to as AFI) on behalf of the undersigned. The undersigned understands that AFI is relying on the information provided herein in deciding to grant or continue credit to customers of the undersigned who are seeking credit from AFI. The undersigned represents and warrants that the information provided is true and complete and that AFI may consider these statements as continuing to be true and correct until a written notice of change is given to AFI by the undersigned. AFI is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein, and to determine the undersigned's credit worthiness. The undersigned grants permission to those to whom inquiry is made to provide all information requested by AFI. AFI is authorized to release information about its experiences with the undersigned and the undersigned's customers.

### HOW DID YOU HEAR ABOUT US?

\_\_\_ Direct Mail  
 \_\_\_ Dealer Referral  
 \_\_\_ Manufacturer Referral  
 \_\_\_ AFI Web site  
 \_\_\_ Other Web site  
 \_\_\_ Trade Show  
 Show Name \_\_\_\_\_

\_\_\_ Magazine Ad  
 Magazine Name \_\_\_\_\_  
 \_\_\_ Other ( \_\_\_\_\_ )

**Have you talked to a salesperson?**  
 \_\_\_ Yes \_\_\_ No

**If YES, who?**  
 \_\_\_\_\_

Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_  
 Title \_\_\_\_\_ Date \_\_\_\_\_