



HYBRID LEASE-PURCHASE PROGRAM

Dealer Application

ALL INFORMATION IS REQUIRED

Include a **\$150** check (plus **\$50.00** for each additional location) payable to "Source International" for "setup fees". Attach a voided check from the business account and MAIL this form to:

Lara Anthony, Vice President
Source International, Inc.
2301 Park Avenue, Suite 402 | Orange Park, FL 32073-5568
Fax: (904) 215-8017 | Phone: (904) 215-8804 | lanthony@4salesfinance.com

BUSINESS INFORMATION (print OR type only)

Business Name (legal): _____

Address (*No PO Boxes*): _____

City: _____ State _____ Zip _____

Business Email: _____

BUSINESS EMAIL ADDRESS IS REQUIRED AND IS USED FOR APPLICATION RESPONSES

Business Taxpayer ID#, OR Social Security Number: _____

REQUIRED

Date Business Established: ____/____/____ Number of Owners: _____

Number of Locations*: _____ Gross Annual Revenues or Sales: \$ _____

*** If more than one location we must have business and contact information for each location.**

Bank Routing Number: _____

Bank Deposit Account#: _____

BUSINESS OWNER INFORMATION (complete for each owner)

Owner Name: _____ Percent Ownership: _____%

Owner Social Security Number: _____ Date of Birth: ____/____/____

Owner Home Address: _____

City _____ State _____ Zip _____

Owner Home Phone: (____) _____ Mobile Phone: (____) _____

PRIMARY CONTACT IF DIFFERENT THAN OWNER

Name: _____ Email: _____

Store Phone: (____) _____ Mobile Phone: (____) _____

MAIL COPY OF VOIDED BUSINESS CHECK WITH APPLICATION