

Application Instructions

1. Type in your information
2. Print and sign the application
3. Send the application to dealerinfo@umwsb.com or fax it to First Mutual at 800-262-2488



DEALER ENROLLMENT APPLICATION

BUSINESS INFORMATION

Name of Business:		DBA:		
Mailing Address:		City:	State:	Zip:
Business Address:		City:	State:	Zip:
Business Phone:	Business Fax:	Number of Retail Locations:		
Business Email:				
Services/Products Offered:				
Minimum Cost of Product/Service:	Maximum Cost of Product/Service:	Average Cost of Product/Service:		
Years in Business:	Estimated Annual Sales:	Estimated Annual Finance Volume:		
Has the Company Ever Declared Bankruptcy? Yes No		If Yes, When?		

PRINCIPAL INFORMATION

Principal 1 Name:		SSN:	Ownership %:	
Home Address:		City:	State:	Zip:
Phone:	E-mail:	Residence: Own Rent		
Principal 2 Name:		SSN:	Ownership %:	
Home Address:		City:	State:	Zip:
Phone:	E-mail:	Residence: Own Rent		

COMPANY CONTACT

Contact Name:	Contact Title:
Contact Phone:	Contact Email:

DISCLOSURES AND SIGNATURES

The Dealer and the authorized person signing below on behalf of the business entity "Dealer" submit the above information as being true and accurate as of the date shown. The Dealer further agrees that First Mutual Financial ("FMF") may at its discretion make whatever inquiries it deems necessary, in connection with the information contained herein or in the course of the review or collection of any credit extended in reliance on this information. The Dealer authorizes any person or Consumer Reporting Agency to compile and furnish FMF any information it may have in response to such credit inquiries.

The Dealer agrees to notify FMF immediately of any changes in its financial condition which would adversely affect its ability to repay any of its obligations to FMF according to the terms of the Dealer Agreements, as applicable, and Addenda (if any) between the Dealer and FMF. Should FMF learn of such adverse change without notice from the Dealer, or should any of the information in the above statement be untrue or misleading or materially incomplete, the Dealer agrees that all its indebtedness to FMF, may at FMF's election become immediately due and payable without notice.

The Dealer agrees to immediately notify FMF of any change in ownership. FMF promises not to divulge any information contained herein to any individual, company or entity for any reason. This information is for internal use only to establish financial soundness and creditworthiness of the Dealer. The dealer gives express permission to First Mutual to use Constant Contact to send promotional emails at FMF's discretion. The dealer may opt out of these emails at any time by using the "safe unsubscribe" feature provided by Constant Contact.

Signature of Principal Owner:	Date:
Signature of Principal Owner <i>(only for a joint ownership)</i> :	Date:





Automated Clearing House (ACH) Authorization Agreement

I (we) authorize First Mutual Financial (FMF) to initiate credit and debit entries to the depository account specified below (Depository Bank Name). The authority is to remain in full force and effect until FMF has received written notification from me (or either of us) of its termination in such time and in such manner as to afford FMF and the Depository a reasonable opportunity to act upon it.

I (we) hereby authorize FMF to verify the information contained in this form with the Depository, and I (we) authorize the Depository to supply such information and/or documentation as requested by FMF. A copy of this authorization may be accepted as the original.

Dealer Information:

Dealer Name: _____

Dealer Location: _____

Bank Information:

Depository Bank Name: _____

Depository Bank Location: _____

Routing/Transit Number: _____

Account Number: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

A copy of a voided check must be attached. If a copy of a check cannot be supplied, then you must have a letter from the bank on bank letterhead. This letter must contain confirmation that the above dealer has an account with this bank and that the ABA account numbers are correct. The letter must also contain the ability to initiate credits to the above account.

ATTACH CHECK HERE

