

**GENERAL INFORMATION REQUEST**

Company Legal Name: \_\_\_\_\_

Owners/Principals:

_____	Title _____	Ownership% _____
_____	Title _____	Ownership% _____
_____	Title _____	Ownership% _____
_____	Title _____	Ownership% _____
	Total	100 %

\*If more than four owners, attach a separate sheet to include all owners.

Number of Employees \_\_\_\_\_ Website URL: \_\_\_\_\_

What is the company's primary source of revenue? \_\_\_\_\_

\_\_\_\_\_

Does the company have any subsidiaries, affiliates or are there any outside businesses related by common ownership? \_\_\_\_\_ If yes,

- to what extent do they conduct business with one another
- will they finance vehicles on the requested Commercial Line of Credit
- will vehicles be subleased to any of the companies

Note: Provide on a separate sheet if more space is required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Dealer(s) where you purchase your Lincoln vehicles.

\_\_\_\_\_

\_\_\_\_\_



Product type (Check all that apply):  Retail  Lease

Purchase Type (Check all that apply):  New  Used  Lease Buyout

Projected future vehicle needs in the next 12 months. (number of purchases)

Current fleet size: \_\_\_\_\_ Additional units: \_\_\_\_\_ Replacement Units: \_\_\_\_\_

Types of Vehicles. \_\_\_\_\_

Purpose/Intended use (e.g., sales, delivery, hauling) and equipment to be added (if applicable).

\_\_\_\_\_  
\_\_\_\_\_

Additional vehicle finance sources \_\_\_\_\_

Who drives the vehicles? (e.g., sales, service, delivery etc.) \_\_\_\_\_

Vehicles garaging location(s) - if you have a detailed spread sheet, please attach

\_\_\_\_\_

What is the typical average annual mileage driven per vehicle? \_\_\_\_\_

What method is utilized to dispose of your fleet vehicles? (e.g., trade/sell/other)

\_\_\_\_\_

What is your geographical market area? \_\_\_\_\_

Requested line amount. \$ \_\_\_\_\_

Desired payment method if approved:  Combined  Individual

Please provide the information below for primary contact person(s) should we have any further questions or require additional information.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Title \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Title \_\_\_\_\_ E-mail address \_\_\_\_\_

Thank you for considering Lincoln Automotive Financial Services for your financing needs.