ADDITIONAL LOCATION(S) FORM

Note: This form must accompany the service agreement when more than one location is being set up in order to set up additional locations. The service agreement must indicate the total number of locations represented on this form. Locations added at a different time after the original sale cannot be signed up using this form. A new service agreement must be used to set up any new location(s).

The information must be filled out completely in order to set up each additional location(s).

LOCATION #_____

Registered DBA: _____
Legal Name: _____
Business Street Address: _____
City: _____ State: _____ Zip Code: _____
Owner: _____
Contact Name: _____
Contact Phone #: _____ Fax #: _____
Contact Email Address: _____
Effective Date: _____
Rate: _____ Monthly Minimum: _____
Sub Fee: _____
Premium Exceptions/Time Frames (Specify):

Current Monthly Check Sales: $_____
Total Monthly Check Losses: $_____
Average Check Sale: $_____
Average Returned Check: $ _____
Products or Services of Applicant: _____

If a car dealership, please indicate store #'s required:
F&I: _____ P&S: _____ 1 store # only for both F&I *and* P&S: _____

LOCATION #_____

Registered DBA: _____
Legal Name: _____
Business Street Address: _____
City: _____ State: _____ Zip Code: _____
Owner: _____
Contact Name: _____
Contact Phone #: _____ Fax #: _____
Contact Email Address: _____
Effective Date: _____
Rate: _____ Monthly Minimum: _____
Sub Fee: _____
Premium Exceptions/Time Frames (Specify):

Current Monthly Check Sales: $_____
Total Monthly Check Losses: $_____
Average Check Sale: $_____
Average Returned Check: $ _____
Products or Services of Applicant: _____

If a car dealership, please indicate store #'s required:
F&I: _____ P&S: _____ 1 store # only for both F&I *and* P&S: _____

LOCATION #_____

Registered DBA: _____
Legal Name: _____
Business Street Address: _____
City: _____ State: _____ Zip Code: _____
Owner: _____
Contact Name: _____
Contact Phone #: _____ Fax #: _____
Contact Email Address: _____
Effective Date: _____
Rate: _____ Monthly Minimum: _____
Sub Fee: _____
Premium Exceptions/Time Frames (Specify):

Current Monthly Check Sales: $_____
Total Monthly Check Losses: $_____
Average Check Sale: $_____
Average Returned Check: $ _____
Products or Services of Applicant: _____

If a car dealership, please indicate store #'s required:
F&I: _____ P&S: _____ 1 store # only for both F&I *and* P&S: _____

LOCATION #_____

Registered DBA: _____
Legal Name: _____
Business Street Address: _____
City: _____ State: _____ Zip Code: _____
Owner: _____
Contact Name: _____
Contact Phone #: _____ Fax #: _____
Contact Email Address: _____
Effective Date: _____
Rate: _____ Monthly Minimum: _____
Sub Fee: _____
Premium Exceptions/Time Frames (Specify):

Current Monthly Check Sales: $_____
Total Monthly Check Losses: $_____
Average Check Sale: $_____
Average Returned Check: $ _____
Products or Services of Applicant: _____

If a car dealership, please indicate store #'s required:
F&I: _____ P&S: _____ 1 store # only for both F&I *and* P&S: _____

LOCATION #_____

Registered DBA: _____
Legal Name: _____
Business Street Address: _____
City: _____ State: _____ Zip Code: _____
Owner: _____
Contact Name: _____
Contact Phone #: _____ Fax #: _____
Contact Email Address: _____
Effective Date: _____
Rate: _____ Monthly Minimum: _____
Sub Fee: _____
Premium Exceptions/Time Frames (Specify):

Current Monthly Check Sales: $_____
Total Monthly Check Losses: $_____
Average Check Sale: $_____
Average Returned Check: $ _____
Products or Services of Applicant: _____

If a car dealership, please indicate store #'s required:
F&I: _____ P&S: _____ 1 store # only for both F&I *and* P&S: _____

LOCATION #_____

Registered DBA: _____
Legal Name: _____
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Owner: _____
Contact Name: _____
Contact Phone #: _____ Fax #: _____
Contact Email Address: _____
Effective Date: _____
Rate: _____ Monthly Minimum: _____
Sub Fee: _____
Premium Exceptions/Time Frames (Specify):

Current Monthly Check Sales: $_____
Total Monthly Check Losses: $_____
Average Check Sale: $_____
Average Returned Check: $ _____
Products or Services of Applicant: _____

If a car dealership, please indicate store #'s required:
F&I: _____ P&S: _____ 1 store # only for both F&I *and* P&S: _____

LOCATION #_____

Registered DBA: _____
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Business Street Address: _____
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Contact Email Address: _____
Effective Date: _____
Rate: _____ Monthly Minimum: _____
Sub Fee: _____
Premium Exceptions/Time Frames (Specify):

Current Monthly Check Sales: $_____
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Products or Services of Applicant: _____

If a car dealership, please indicate store #'s required:
F&I: _____ P&S: _____ 1 store # only for both F&I *and* P&S: _____