

Dealer Application

ALL INFORMATION IS REQUIRED

Complete the application below and email or fax it to us along with the **Merchant Agreement** and a **voided check**.

SEND TO:

Progressive Finance

PHONE: (972) 231-7732 FAX: (972) 231-7738

EMAIL: Support@PFCind.com

BUSINESS INFORMATION (Print OR type only. Information is confidential)

BUSINESS NAME (legal)		NUMBER OF LOCATIONS*	
LOCATION D.B.A			
ADDRESS (No PO Boxes)		CITY	STATE ZIP
STORE PHONE #	STORE FAX #	BUSINESS EMAIL**	
PRIMARY CONTACT		TITLE	PHONE #
GROSS ANNUAL REVENUES OR SALES \$	STORE SQUARE FOOTAGE	WEBSITE	
Would you utilize our online application? YES NO			

FINANCING OPTIONS

WHAT ARE YOUR CURRENT FINANCING OPTIONS? (GE, Wells)	Do you currently offer layaway? YES NO
HOW MANY APPLICATIONS DOES THIS LOCATION SUBMIT FOR FINANCING EACH MONTH?	HOW MANY ARE APPROVED?

OWNER INFORMATION

DATE BUSINESS ESTABLISHED	NUMBER OF OWNERS	PERCENT OWNERSHIP %
OWNER NAME		
DATE OF BIRTH	OWNER SOCIAL SECURITY NUMBER	TAXPAYER ID #
OWNER HOME ADDRESS	CITY	STATE ZIP
OWNER HOME PHONE #	MOBILE PHONE #	EMAIL ADDRESS*

BUSINESS ACCOUNT INFORMATION

BANK NAME	Attach Voided Check
BANK ROUTING NUMBER	
BANK DEPOSIT ACCOUNT NUMBER	

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

** Business email address is required and is used for application responses

Progressive