



Dealer Application

PLEASE COMPLETE ALL INFORMATION. ONCE COMPLETED
PLEASE FAX APPLICATION AND PROOF OF ENTITY
TO 201-818-0641 FOR PROCESSING.
TO CHECK FOR STATUS PLEASE CONTACT MERCHANT SERVICES
AT 1-800-538-3638 (Allow 10 Business Days for Processing)

For Office Use Only

Merchant # _____

Store # _____

SECTION 1

APPLICANT INFORMATION

Complete Dealer Name		d/b/a	Federal Tax / Identification Number	
Organization Type <input type="checkbox"/> Corporation <input type="checkbox"/> S. Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company			Years in Business	No. Locations †
Principal Dealer Address			Area Code / Phone Number () -	
City	State	Zip	Area Code / Fax Number () -	
Nature of Business		Website	Email Address	
Has a bankruptcy ever been filed by or against Dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain:				
Has Dealer or any of Dealer's officers, partners or owners previously completed a dealer application with TD Retail Card Services, A division of TD Bank, N.A.? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain:				
Is the Dealer currently a defendant in any court suits or legal actions? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain:				
Are there any unpaid, delinquent taxes against Dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain:				

SECTION 2

Each managing officer, partner and owner of Dealer must provide TDRCS and its affiliates with the information requested below for identification and verification purposes. Entities that file 10-K reports pursuant to the Securities Exchange Act of 1934 are exempt from completing section 2. Must be completed by all beneficial owners with at least 25% control of the entity.

Name	Name	Name	Name
Title	Title	Title	Title
% owned	% owned	% owned	% owned
Residence	Residence	Residence	Residence
City	City	City	City
State	State	State	State
Zip	Zip	Zip	Zip
E-Mail	E-Mail	E-Mail	E-Mail
Home Phone No. () -	Home Phone No. () -	Home Phone No. () -	Home Phone No. () -
Social Security Number - -	Social Security Number - -	Social Security Number - -	Social Security Number - -
Date of Birth	Date of Birth	Date of Birth	Date of Birth
Date	Date	Date	Date

PLEASE PRINT AND COMPLETE ALL INFORMATION

SECTION 3

PROGRAM APPLYING FOR ** PLEASE ENSURE THAT THIS SECTION IS FILLED OUT **

YARD CARD / YARD CARD PLUS Referred By:

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> Ariens/Gravelly | <input type="checkbox"/> Buyers Products | <input type="checkbox"/> Encore | <input type="checkbox"/> Rhino AG | <input type="checkbox"/> Vortexx Pressure Washers |
| <input type="checkbox"/> Bad Boy Mowers | <input type="checkbox"/> Classen | <input type="checkbox"/> EZ-GO | <input type="checkbox"/> Ryan | <input type="checkbox"/> Walker |
| <input type="checkbox"/> BCS America | <input type="checkbox"/> Club Car | <input type="checkbox"/> Grasshopper | <input type="checkbox"/> Scag/Giant Vac | <input type="checkbox"/> WoodMaster |
| <input type="checkbox"/> Big Dog/Hustler | <input type="checkbox"/> Columbia | <input type="checkbox"/> Heatmor | <input type="checkbox"/> Sno-Way | <input type="checkbox"/> WorldLawn |
| <input type="checkbox"/> Bob-Cat Mowers | <input type="checkbox"/> Country Clipper | <input type="checkbox"/> Hisun Motors | <input type="checkbox"/> Steiner | <input type="checkbox"/> Wright |
| <input type="checkbox"/> Briggs and Stratton | <input type="checkbox"/> Cushman | <input type="checkbox"/> Hurricane Blo-Vac | <input type="checkbox"/> Textron Off-Road/Arctic Cat | <input type="checkbox"/> None |
| <input type="checkbox"/> Bush Hog | <input type="checkbox"/> Dixie Chopper/Jacobsen | <input type="checkbox"/> Little Wonder | <input type="checkbox"/> Trynex - Turf Ex and Snow Ex | <input type="checkbox"/> Other : _____ |
| | <input type="checkbox"/> Echo - BearCat | <input type="checkbox"/> Meyer | <input type="checkbox"/> Ventrac | |

RENOVATE (Please ensure both the referred by and program type sections are filled out.)

Referred By: Ashley Independent Furniture 1st Other : _____

FOREST RIVER Please indicate the type of units you primarily sell (please only select one option):

- Marine Cargo and/or Utility Trailers Small RV (Pop-ups/Small towable) Large RV (Fifth-Wheels/Travel Trailers)

ANNUAL VOLUME GENERATED

Gross Annual Sales Volume \$ Annual Estimated Sales Volume with TD \$

PRESENT FINANCING PROVIDER: _____

PREVIOUS FINANCING PROVIDER: _____

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SECTION 4

DEALER AUTHORIZATION, RELEASE, AND AGREEMENT

As used in this Application, the term "Dealer" means the organization identified in Section 1 (and not the persons identified in Section 2). By signing below, Dealer (a) certifies that the information provided in this application is true, correct and complete; (b) authorizes TDRCS to investigate from time to time credit reports regarding Dealer (such as Dun & Bradstreet Reports); (c) authorizes credit references provided by the Dealer to release credit information to TDRCS; (d) authorizes TDRCS to provide credit information relating to Dealer to credit reporting agencies in the event an amount due TDRCS is unpaid; (e) releases TDRCS from any claims from damages arising out of conduct authorized by this section 4; (f) ACKNOWLEDGES RECEIPT OF AND AGREES TO THE TERMS AND CONDITIONS OF THE FINANCING DOCUMENTS LISTED IN SECTION 7 BELOW. [Partnerships: all general partners must sign below. All persons identified in Section 2 must sign below.]

Authorized Signature	Authorized Signature	Authorized Signature	Authorized Signature
Title	Title	Title	Title
Print Name	Print Name	Print Name	Print Name
Date	Date	Date	Date

SECTION 5

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Please complete the enclosed Direct Deposit of Payments Authorization form (TDRCS-ACH_PIP(0608)). Attach a blank, voided check or deposit slip for the account to which credit/debit will be made, and forward it to Merchant Services at TD Retail Card Services, 1000 MacArthur Blvd. Mahwah, NJ 07430. Please allow 2 to 3 weeks for processing. To request a Direct Deposit of Payment Authorization form, please call Merchant Services at 1-800-538-3638.

SECTION 6

ELECTRONIC PROCESSING

Web Transactions

Online Merchant Services Website provides you with a secure online access to process sales, returns and payments in real time. We will provide you with user name and password. Internet connection is required. For more information call Merchant Services at 1-800-538-3638.

Each store is required to have at least one printer and a pc or tablet to use the credit card financing program.

The PC or tablet needs to be accessible to customers so they can enter their personal information on the paperless credit application themselves.

SECTION 7

OFFICE USE ONLY

Dealer Agreement (Revolving and Installment)
Electronic Funds Transfer
Electronic Processing

Credit: Accepted Denied

Date: Date:

Rep ID: Signature:

Result: Print Name:

Data: Official Gov't list from website Merchant #:

Score: Store #:

Comments:

LIST OF REQUIRED DOCUMENTS TO ATTACH:

- Voided Check
- Proof of Entity



A VOIDED CHECK OR DEPOSIT SLIP IS REQUIRED.