

Phone **877.288.3391**Fax 800.621.2104

DEAL FUNDING PACKAGE CHECK LIST							
Customer Name: Dealership:							
BORR	BORROWER DOCUMENTS						
	Authorization for Release of Information and Communication - Signed By All Parties						
	Drivers License Copy - Must Be Valid - No Temporary Licenses Allowed						
	(2) Proofs of Residency (Utility Bill, Bank Statement, No Disconnect Notice)						
	Copy of 2 Most Recent Paystubs Showing Year-to-date Income/ W2 (Through April of the Current Year)						
	Proof of Other Income (Statements of SSI, Child Support (12 Months), Retirement, VA)						
	Proof of Self-employment Income (3 Years Tax Returns w/Schedule C's, 1099, and 9 Months Bank Statements)						
	References (3 Family, 3 Friends) If applicant is a renter must include name and phone number for Landlord						
DEALI	DEALER REQUIREMENTS						
	Signed Purchase Order Agreement/Buyers Order						
	Original Signed Contract (Acceptable Arbitration Contracts, Blue Ink Preferred)						
	Credit Application (Generic)						
	Odometer Statement						
	GAP Contract Warranty/Service Contract – Original and Lien Holder Copy						
	Cosigner Notice (Required When Applicable)						
	Proof of Full Coverage Insurance with Tracir Financial Services as Lien Holder - Maximum \$500 Deductible						
	Conditional Approval						
	NADA Clean Trade Book Out						
	Include Any Additional Stips Outlined in the Tracir Financial Services Conditional Approval						
	Receipt for Validated RD108, Complete and Signed TR-114 (Michigan)						
	Completed Auto Pay Form (ACH Form) (If Applicable)						
	Insurance Information Agreement						
	Title Guarantee Agreement						
	Application for Title Showing Tracir Financial Services as Lien Holder						

LIEN HOLDER / LOSS PAYEE

Tracir Financial Services P.O. Box 210 Reynoldsburg, OH 43068 Tracir Financial Services I 1080 River Oaks Dr. Ste B-100 Flowood, MS 39232



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AUTHORIZATION FOR RELEASE OF INFORMATION & COMMUNICATION

I/We understand that Tracir Financial Services, may be requested to purchase a retail installment sales contract written, or to be written, in connection with my purchase of a vehicle from the selling Dealership. I/We hereby acknowledge that I/We have been notified pursuant to the Fair Credit Reporting Act that the credit application may be submitted to them.

I/We further agree that the statements and representations that I/We have made in the credit application for the purposes of security credit are true and correct. I/We authorize the Dealership and Tracir Financial Services to gather whatever credit and employment history it considers necessary and appropriate and specifically authorize the release of any and all requested information to Tracir Financial Services to make whatever credit inquires it deems necessary in connection with the initial processing of my application for financing and future maintenance of my account. Requested information may include, but is not limited to: my credit report; verification of savings/depository account balance(s); employment status, position, shift; employment history; earnings records; and verification of references and residency. I/We understand that the Dealership and Tracir Financial Services will retain a copy of the credit application whether or not it is approved, and that is my/our responsibility to notify Tracir Financial Services of any change of name, address, or employment.

By voluntarily providing references, you acknowledge that we may contact each reference as needed during account servicing if we are unable to contact you. Contact with your references will be limited to messaging and validation of contact information.

By providing a telephone number, e-mail address and/or cellular number and signing below, I/We are agreeing that the Dealership and Tracir Financial Services may contact Me/Us in any manner available to them, including but not limited to: in writing; by email; or using prerecorded/artificial messages, text messages and automatic telephone dialing systems (as the law allows). I/We agree that I/We may be contacted in any of these manners at any address or telephone number that I/We have provided to the Dealership or Tracir Financial Services now or in the future, even if the telephone number is a cell phone number or the contact results in a charge to me.

Applicant	Date
Applicant	Date

Notice: State laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain credit histories on each individual upon request. The Civil Rights Commission of each State administers compliance with this law.



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REFERENCES

MUST PROVIDE SEVEN (7) REFERENCES: 3 Family | 3 Friends | Landlord's Name and Phone Number No Duplicate Addresses or Phone Numbers or POE #'s. Please fill out completely.

CUSTOMER:	LOT: DATE:
1. Landlord Contact Information Name: Address:	6. Nearest relative not living at your residence Name: Address:
Cell Area Code / Phone:	Cell Area Code / Phone: Relationship:
2. Nearest relative not living at your residence Name: Address: Cell	7. Nearest relative not living at your residence Name: Address: Cell Home Relationship:
3. Nearest relative not living at your residence Name: Address: Cell Home Area Code / Phone:	8. Nearest relative not living at your residence Name: Address: Cell Home Area Code / Phone:
Address:	Relationship: 9. Nearest relative not living at your residence Name: Address:
Cell Area Code / Phone:	Cell Area Code / Phone: Home Relationship:
5. Nearest relative not living at your residence Name:	10. Nearest relative not living at your residence Name:



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PAYMENT PLAN AUTHORIZATION FORM (ACH DEBITS)

It saves time − rew	ver checks to write and mail.						
 ✓ Helps pay your bills in a convenient and timely manner – even if you're out of town. ✓ Helps maintain good credit – your payment is always on time. 							
Full Name:	Name: Tracir Financial Services Account Number:						
Start / Pay Date: Month:(Start date must be at least 15 busine	Day: Year: ess days from date form is sent)						
Payment Amount: \$							
	CUSTOMER'S BANK INFORMATION						
Bank:	Account Type (Select One) Checking: Savings:						
Address:							
Routing Number:							
Account Number:	(Please attach one voided check to this form)						
	PAYMENT AUTHORIZATION						
Service Provider and bank receive w	ount as identified above to the terms stated here. This authorization shall remain in effect until the written notification from me on intent to terminate at such time and in such manner as to afford whable opportunity to act (minimum 30 days).						
Service Provider and bank receive w the Service Provider and bank reaso I understand that if the total amount of amount remains unchanged until the	ritten notification from me on intent to terminate at such time and in such manner as to afford						
Service Provider and bank receive we the Service Provider and bank reaso. I understand that if the total amount of amount remains unchanged until the above. I understand any added amout All other changes such as payment at to be filled out and submitted to Tracipayment plan may be cancelled by the	written notification from me on intent to terminate at such time and in such manner as to afford mable opportunity to act (minimum 30 days). Toward to the Service Provider is increased, I authorize this plan to continue as long as the payme amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as						
Service Provider and bank receive we the Service Provider and bank reaso I understand that if the total amount of amount remains unchanged until the above. I understand any added amout All other changes such as payment at to be filled out and submitted to Tracipayment plan may be cancelled by the to pay an NSF fee of \$15.00 which me I represent and warrant that I am autil indemnify and hold the Service Provider in the service Provider	written notification from me on intent to terminate at such time and in such manner as to afford mable opportunity to act (minimum 30 days). Towed to the Service Provider is increased, I authorize this plan to continue as long as the payme amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as unts can be applied for with a new authorization form. Townsorn the provider of the plan is terminated earlier by me as unts can be applied for with a new authorization form. Townsorn the plan is the plan is the plan is terminated earlier by me as unts can be applied for with a new authorization form. Townsorn the plan is th						
Service Provider and bank receive we the Service Provider and bank reaso. I understand that if the total amount camount remains unchanged until the above. I understand any added amout. All other changes such as payment at to be filled out and submitted to Traci payment plan may be cancelled by the to pay an NSF fee of \$15.00 which me I represent and warrant that I am autil I indemnify and hold the Service Provall authorized actions hereunder.	written notification from me on intent to terminate at such time and in such manner as to afford anable opportunity to act (minimum 30 days). Towed to the Service Provider is increased, I authorize this plan to continue as long as the payme amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as unts can be applied for with a new authorization form. Townsorn, frequency, bank account number change, will require a new Payment Authorization Form in Financial Services 15 days prior to any change being implemented. I understand that this he service Provider or Tracir Financial Services due to NSF (Non-sufficient Funds). I will be liable have be automatically debited for each NSF situation. The provider of the payment authorization for the purpose of implementing this payment plants.						
Service Provider and bank receive we the Service Provider and bank reason. I understand that if the total amount of amount remains unchanged until the above. I understand any added amout. All other changes such as payment at to be filled out and submitted to Tracipayment plan may be cancelled by the to pay an NSF fee of \$15.00 which me I represent and warrant that I am aut. I indemnify and hold the Service Provall authorized actions hereunder. Customer's Signature: Second authorized signature of	written notification from me on intent to terminate at such time and in such manner as to afford mable opportunity to act (minimum 30 days). Sowed to the Service Provider is increased, I authorize this plan to continue as long as the payme amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as unts can be applied for with a new authorization form. Amount, frequency, bank account number change, will require a new Payment Authorization Form ir Financial Services 15 days prior to any change being implemented. I understand that this ne service Provider or Tracir Financial Services due to NSF (Non-sufficient Funds). I will be liable hay be automatically debited for each NSF situation. Thorized to execute this payment authorization for the purpose of implementing this payment plan vider, the bank, and Tracir Financial Services harmless from damage, loss or claim resulting from						



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INSURANCE INFORMATION AGREEMENT

Vehicles financed by Tracir Financial Services are required to have full coverage insurance at all times. If full coverage insurance is canceled for any reason the loan will be considered in default, and will be subject to repossession of the vehicle by Tracir Financial Services.

Pursuant to the Uniform Commercial Code, BUYER (you or your) may lose any money paid, including down payment, and all loan payments made. The BUYER will also be responsible to pay the remainder of any loan balance.

Should you be involved in a collision resulting in physical damage to the vehicle (our collateral), it is standard policy for your insurance carrier to issue a check made out in your name and Tracir Financial Services name. This check is for repairs to our collateral only, and cannot be cashed by you for any reason.

Should you choose to have the vehicle repaired at a facility of your choice, the work must be completed to our satisfaction before the check will be released. In the case of inferior repair, no check will be released, resulting in possible obligation to pay the bill yourself.

Deductibles Comp/Collision: 500/500

BUYER	DATE						
CO-BUYER	DATE	•					
Insurance Co. Name:							
Insurance Agent Name:							
Insurance Agent Phone Number:							
Contact Person:							
Policy Number:							
Effective Date:							
Verified By:		Date:					



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TITLE GUARANTEE AGREEMENT

THIS TITLE GUARANTEE AND INDEMNITY AGREEMENT is made by the undersigned DEALER in favor of and for the benefit of Tracir Financial Services and is given in connection with the assignment by DEALER to Tracir Financial Services of that certain retail installment contract pertaining to the sale of a motor vehicle ("Contract") more particularly described as follows: DEALER:____ CO-BUYER: _____ DATE OF CONTRACT:____ COLLATERAL DESCRIPTION: IN CONSIDERATION of the purchase by Tracir Financial Services of the contract described above, DEALER wholly and unconditionally guarantees that (i) it will promptly prepare and file, with the appropriate governmental agency or authority, all necessary documents to transfer ownership of the above described Motor Vehicle from DEALER to BUYER(S), (ii) it will deliver to Tracir Financial Services, within the state law time frame for perfection of Tracir Financial Services security interest in the Motor Vehicle or thirty (30) days from the Date of Contract set forth above, whichever occurs earlier, evidence that such transfer documents, with a first lien for the benefit of Tracir Financial Services noted thereon, have in fact been filed with the correct governmental agency or authority, (iii) the ownership transfer documents contain the same odometer mileage reading as supplied to Tracir Financial Services in supporting documents, and (iv) it will cause, within the state law time frame for perfection of Tracir Financial Services security interest in the Motor Vehicle or thirty (30) days from the Date of Contract, whichever occurs earlier, such governmental agency or authority to issue and deliver a Certificate of Title or other such proof of lien perfection to Tracir Financial Services. DEALER also agrees to indemnify, defend and hold Tracir Financial Services harmless from and against any and all losses, damages, expenses, claims and defenses arising between Date of Contract and the date such title transfer documents are filed by DEALER related in any manner to the imposition or creation of intervening liens or rights with respect to the Motor Vehicle, including but not limited to mechanics', impoundment and other storage liens. DEALER represents and warrants that it has the absolute and unconditional right to assign the Certificate of Title to the BUYER(S). In the event, for any reason and whether within or without the control of the DEALER, evidence of transfer documents are not delivered to Tracir Financial Services as herein above guaranteed, or should an intervening lien arise between the Date of Contract and the date such transfer documents are filed of record, DEALER hereby agrees unconditionally, upon demand, to repurchase the Contract from Tracir Financial Services and to pay the full outstanding balance then unpaid, whether the Contract shall then be, or not be, in default, as well as costs incurred by Tracir Financial Services in attempting to obtain a Certificate of Title for the Motor Vehicle described above and in enforcing the guaranty and indemnity contained herein. DEALER waives any and all defenses that it might raise regarding Tracir Financial Services demand that DEALER repurchase the Contract as herein provided. The agreements of DEALER made herein are cumulative and shall be in addition to any and all other agreements and indemnities made by DEALER in favor of Tracir Financial Services in any other agreements or assignments. PRINTED NAME: TITLE: DATE: