



F.N.A, INC.

Indirect Non Recourse Dealer Application

COMPANY INFORMATION

Business Name (Legal)

Street Address City County State Zip

Phone Number Fax Number

Email Address Dealership URL

Legal Status
 Limited Partnership LLC LLP
 Partnership Incorporated
 Sole Proprietorship

Tax ID Number Date Business Established

Company Ownership Information (20% ownership or more)

Name (First Middle, Last) Title % Ownership

Street Address City State Zip

Name (First Middle, Last) Title % Ownership

Street Address City State Zip

Name (First Middle, Last) Title % Ownership

Street Address City State Zip

Miscellaneous Information

Has the business or any principal/owner ever declared bankruptcy Yes/No

Is the business or any principal/owner party to any lien or lawsuit Yes/No

Is the business or any principal/owner currently delinquent on any taxes Yes/No

Required Signatures

The undersigned certifies that all statements in this application and each document required to be submitted in connection herewith are true, correct and complete. The undersigned further agrees to notify FNA, Inc. promptly of any material changes in such information.

Applicant Signature Title Date

By: _____

Printed Name of Signature _____