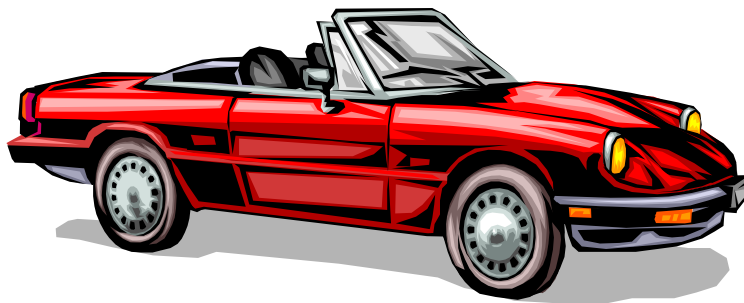


HMS FINANCIAL SERVICES



FLOOR PLAN PROGRAM

HMS, INC.

P. O. BOX 5677 ANDERSON, SC 29623
PHONE: 864-231-7000 FAX: 864-231-7900

“HOW THE PROGRAM WORKS”

1. Upon arrival at the auction, stop at the HMS office to receive an account summary report, if you desire one. This report will show available funds for the day.
2. Bring sales ticket and a check to HMS office as soon as possible after each purchase made. We require that you give us a separate check for each vehicle and one check for all administration fees.
3. Prior to leaving for the day, stop at the HMS office and sign your activity report for that days business...Once again make sure you leave a check for each purchase plus an administration check for fees.
4. A request to extend the term of the loan and an additional administration check must be submitted at least twenty-four hours prior to initial deposit date.

THE HMS ADVANTAGE

***Competitive fees**

***Not required to determine term of loan on sale day**

***HMS representation on site to answer your questions
or respond to requests**

***One Stop – Everything handled at auction
for your convenience**

~LOAN APPLICATION~

DATE OF APPLICATION ____-____-____

BUSINESS / DEALERSHIP _____

STREET ADDRESS _____ P.O. BOX _____

PHONE NUMBER (____)-____-____

COUNTY _____

CITY _____ STATE _____ ZIP CODE _____

TYPE OF DEALER: (check one or more)

NEW CAR _____ USED CAR _____ WHOLESALE _____

DATE ESTABLISHED ____-____-____

AVERAGE NUMBER OF VEHICLES PURCHASED MONTHLY AT AUCTIONS _____

AVERAGE PURCHASE PRICE PER VEHICLE _____

DEALER LICENSE # _____

FEDERAL ID# _____

STATE RESALE TAX# _____

DEALERSHIP IS A:

PROPRIETORSHIP ____ PARTNERSHIP ____ CORPORATION ____

LIST OF OWNERS / PARTNERS:

NAME _____ SIGNATURE _____

ADDRESS _____ RESIDENCE PHONE (____)-____-____

CITY _____ SOCIAL SECURITY # ____-____-____

STATE _____ ZIP _____ DATE OF BIRTH _____

NAME _____ SIGNATURE _____

ADDRESS _____ RESIDENCE PHONE (____)-____-____

CITY _____ SOCIAL SECURITY # ____-____-____

STATE _____ ZIP _____ DATE OF BIRTH _____

NAME _____ SIGNATURE _____

ADDRESS _____ RESIDENCE PHONE (____)-____-____

CITY _____ SOCIAL SECURITY # ____-____-____

STATE _____ ZIP _____ DATE OF BIRTH _____

(COMPLETE AND RETURN THIS PAGE)

~AUTHORIZED REPRESENTATIVES~

DATE ____-____-____ DEALER # _____

DEALERSHIP NAME _____

(BORROWER)

ADDRESS _____ CITY _____ STATE _____ ZIP _____

~~~~~  
REPRESENTATIVE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

REPRESENTATIVE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

REPRESENTATIVE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

THE ABOVE LISTED INDIVIDUALS ARE HEREBY AUTHORIZED TO PURCHASE AND SELL VEHICLES ON BEHALF OF THIS DEALERSHIP. THESE INDIVIDUALS ARE ALSO AUTHORIZED TO EXECUTE ANY DOCUMENTS NECESSARY TO ENROLL ANY VEHICLE IN THE FLOOR PLAN PROGRAM OFFERED BY HMS, INC., AS WELL AS EXECUTING BILLS OF SALE, ODOMETER STATEMENTS, AND ASSIGNMENT OF TITLES. THE DEALER HEREBY INDEMNIFIES AND HOLDS HARMLESS THE LENDER, HMS, INC., FROM ALL LOSS OR EXPENSE CAUSED BY ANY OF THE ABOVE MENTIONED REPRESENTATIVES AS WELL AS ALL EXPENSES INCURRED IN ATTEMPTING TO COLLECT SUCH LOSSES.

IN WITNESS WHEREOF THE UNDERSIGNED HAVE HERETO SET THEIR HAND AND SEALS THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARIZED \_\_\_\_\_

(OWNER'S SIGNATURE)

\_\_\_\_\_  
NOTARIZED \_\_\_\_\_

(OWNER'S SIGNATURE)

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**~BANK INFORMATION~**

NAME OF BANK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

THE BANK ACCOUNT LISTED BELOW IS THE ONLY BANK ACCOUNT TO BE UTILIZED FOR FLOOR PLANNING VEHICLES WITH HMS, INC:

ACCOUNT NUMBER \_\_\_\_\_  
ACCOUNT OFFICER \_\_\_\_\_  
PHONE NUMBER (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**DOES THE DEALERSHIP UTILIZE ANY OTHER SOURCE FOR FLOOR PLANNING VEHICLES? YES \_\_\_\_\_ NO \_\_\_\_\_**

IF YES, PROVIDE THE FOLLOWING INFORMATION:

LENDING INSTITUTION \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
FLOOR PLAN CREDIT LINE \$ \_\_\_\_\_ CURRENT OUTSTANDING \$ \_\_\_\_\_

LENDING INSTITUTION \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
FLOOR PLAN CREDIT LINE \$ \_\_\_\_\_ CURRENT OUTSTANDING \$ \_\_\_\_\_

I HEREBY GRANT PERMISSION FOR ANY AUTHORIZED BANK EMPLOYEE OF THE ABOVE MENTIONED BANK TO RELEASE ALL NECESSARY CREDIT INFORMATION TO HMS, INC:

DEALERSHIP / BUSINESS NAME \_\_\_\_\_  
DEALERSHP / BUSINESS OWNER **X** \_\_\_\_\_

**TO BE FILLED IN BY BANK REPRESENTATIVE:**

1. HOW LONG HAS THIS ACCOUNT BEEN ACTIVE? \_\_\_\_\_
2. AVERAGE BANK BALANCE (HOW MANY DIGITS?) \_\_\_\_\_
3. SUGGESTED CREDIT LIMIT \_\_\_\_\_
4. CUSTOMER IS CONSIDERED: POOR \_\_\_ GOOD \_\_\_ EXCELLENT\_\_\_ **CREDIT RISK** \_\_\_
5. CUSTOMER: **FREQUENTLY** \_\_\_ SELDOM \_\_\_ NEVER \_\_\_ HAS CHECKS RETURNED
6. THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO ENDORSE CHECKS FOR THE ABOVE MENTIONED ACCOUNT:  
**X** \_\_\_\_\_ **X** \_\_\_\_\_  
  
**X** \_\_\_\_\_ **X** \_\_\_\_\_

BANK REPRESENTATIVE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**~INSURANCE REQUIREMENTS~**

**BUSINESS / DEALERSHIP NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**INSURANCE AGENT** \_\_\_\_\_ **PHONE** (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**AVERAGE TOTAL VALUE OF VEHICLES ON YOUR LOT? \$** \_\_\_\_\_

**APPLICANT INSURANCE REQUIREMENTS:**

ALONG WITH A COPY OF YOUR CERTIFICATE OF BOND, A CERTIFICATE OF INSURANCE MUST BE PROVED AND MEET THE REQUIRED LIMITS LISTED BELOW:

**LIABILITY:**

\$500,000.00 MINIMUM, SINGLE LIMIT COVERAGE WHICH INCLUDES BODILY INJURY AND PROPERTY DAMAGE OR \$500,000.00 MINIMUM BODILY INJURY ALONG WITH \$100,000.00 MINIMUM PROPERTY DAMAGE.

**PHYSICAL DAMAGE:**

COMPREHENSIVE COVERAGE WITH MINIMUM COVERAGE TO BE EQUAL TO OR GREATER THAN 80% OF AVERAGE TOTAL VALUE OF VEHICLES STATED ABOVE WITH MAXIMUM DEDUCTIBLE OF \$500.00 PER VEHICLE AND A \$2,500.00 MAXIMUM TOTAL DEDUCTIBLE AMOUNT.

COLLISION COVERAGE WITH MINIMUM COVERAGE EQUAL TO OR GREATER THAN AVERAGE TOTAL VALUE OF VEHICLES AS STATED ABOVE WITH MAXIMUM DEDUCTIBLE OF \$500.00 PER VEHICLE AND A \$2,500.00 MAXIMUM TOTAL DEDUCTIBLE AMOUNT.

**WORKERS COMPENSATION:**

COVERAGE MUST MEET ALL GUIDELINES OR LAWS REQUIRED BY THE STATE IN WHICH YOUR BUSINESS IS LOCATED.

**IMPORTANT:**

- \*HMS, INC. IS TO BE NAMED "ADDITIONAL INSURED AND LOSS PAYEE".
- \*HMS, INC. IS TO BE NOTIFIED BY INSURANCE COMPANY AND/OR AGENT IF THERE SHOULD BE A LAPSE OR TERMINATION OF THIS POLICY.
- \*HMS, INC. REQUIRES A THIRTY DAY NOTICE OF CANCELLATION AND A YEARLY RENEWAL CERTIFICATE OF INSURANCE.

**DEALERSHIP / BUSINESS OWNER(S):**

\_\_\_\_\_  
(SIGNATURES)

\_\_\_\_\_

**DATE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
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# **~DEALER APPLICATION CHECK LIST~**

## **HAVE YOU COMPLETED THE FOLLOWING FORMS?**

**LOAN APPLICATION**

**BANK INFORMATION**

**AUTHORIZED REPRESENTATIVES**

**INSURANCE REQUIREMENTS**

## **HAVE YOU ENCLOSED THE FOLLOWING?**

**VALID INSURANCE CERTIFICATE**

**COPY OF VOIDED CHECK**

**COPY OF BOND**

**COPY OF DEALER'S LICENSE**

ARE THERE ANY SUITS, JUDGEMENTS, TAX LEINS, FORECLOSURES, OR PENDING LITIGATION AGAINST THE BUSINESS, ITS OWNER(S), PARTNER(S), PRINCIPAL(S) OR GUARANTOR(S)? \_\_\_\_\_ YES \_\_\_\_\_NO (if yes, please explain)

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THE APPLICANT(S) ACKNOWLEDGE(S) THAT THIS REQUEST FOR CREDIT DOES NOT CONSTITUTE A COMMITMENT BY **HMS FINANCIAL SERVICES**. THE APPLICANT(S) FURTHER UNDERSTAND(S), THAT **HMS FINANCIAL SERVICES** MAY APPROVE OR REJECT THIS REQUEST UPON SUCH TERMS AND CONDITIONS AS DETERMINED BY **HMS FINANCIAL SERVICES**. THE APPLICANT(S) AUTHORIZE(S) **HMS FINANCIAL SERVICES** TO INQUIRE AND OBTAIN CREDIT, FINANCIAL AND REPAYMENT INFORMATION FROM SOURCES SUCH AS TRADE AND BANK REFERENCES AS WELL AS CREDIT REPORTING AGENCIES.

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|                             |                  |             |
|-----------------------------|------------------|-------------|
| <b>PRINT NAME AND TITLE</b> | <b>SIGNATURE</b> | <b>DATE</b> |
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|                             |                  |             |
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| <b>PRINT NAME AND TITLE</b> | <b>SIGNATURE</b> | <b>DATE</b> |
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|-----------------------------|------------------|-------------|
| <b>PRINT NAME AND TITLE</b> | <b>SIGNATURE</b> | <b>DATE</b> |
|-----------------------------|------------------|-------------|

# HMS FINANCIAL SERVICES

P. O. Box 5677

Anderson, SC 29623

Phone: (864)231-7000 FAX: (864)231-7900

DATE \_\_\_\_\_

DEALERSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TO WHOM IT MAY CONCERN:

Please accept this notification as acknowledgement of **HMS Financial Services** desire to obtain credit rating information on any and all of \_\_\_\_\_ accounts.

I hereby authorize any creditor, bank or lending institution contacted by **HMS Financial Services** for the purpose of obtaining credit rating information, to release any and all information to them.

If you have any questions regarding this directive, please contact me at once.

\_\_\_\_\_  
President/Owner