



New Dealer Information

Complete ALL fields and e-mail to your designated Marketing Rep/Underwriter • ALL fields required. Incomplete or incorrect forms will be discarded.

Corporate Name _____

Please check one: Corporation LLC Sole Proprietorship Limited Partnership

Corporate Headquarters Street Address _____ City _____ ST _____ Zip _____

Corporate Phone _____

DBA/Trade Name(s) _____

*Dealership's Street Address _____ City _____ ST _____ Zip _____

Dealer Tax ID# (Must be 9 digits) -----

Franchise/Independent _____

Dealership sells: New Only Used Only New and Used
 Class 6 Class 7 Class 8 Trailers

National Account Name (if applicable) _____

**If applying for more than one dealer location, attach a separate sheet stating the address(es) for the additional location(s) and the type of equipment sold at each location(s). By identifying additional locations, Dealer understands and agrees that Contracts originated at each dealer location identified are subject to the terms of the Non-Recourse Dealer Agreement entered into between Dealer and Freedom Truck Finance.*

Finance Contact Name _____ Email _____

Phone Number _____ Fax _____

Accounting Contact Name _____ Email _____

Phone Number _____ Fax _____

Payment Preference: ACH Check

BANK INFORMATION

The following information is required to process your application. **Please confirm with your bank that the ABA Routing Number you provide is ACH compatible. Failure to do so may result in a delay in processing your application and/or timely delivery of your funds.**

Beneficiary Account Information **required*

Beneficiary Bank Information **required*

*Name on Account

* Bank Name

*ABA Routing Number

*Account Number

