Customer EZ App

FinanceVehicleWraps.com

Please complete and return to
your FELLERS Certified Wrap Provider

General Company Information

Company Legal Name:	DBA: (if applicable):	
Business Address:	City:	State & Zip:
Main Phone:	Main Fax:	REQUIRED: Federal ID # (If sole prop, please use SSN or EIN)
Description of Business:	Website:	How many locations do you have?

Type of Business: (Please Circle One) Partnership LLC Sole Proprietor Corporation OTHER State of INC. / LLC _____

Official time in Business (if new – list start date):	Contact Name:	Contact Email Address:

Owner / Officer Information

Please provide your preferred signer's information – the primary signer must be an owner or officer of the company. If credit worthiness is a concern, please still provide the owners/officer information and indicate that you have an additional individual that you would like to have sign on your company's behalf.

Owner / Officer Name	Title	Social Security # (ONE individual is required to sign)
Home Address	City & State	Zip Code
Home Phone	Email Address	Mobile Phone

Certified FELLERS Wrap Provider Info

FinanceVehicleWraps.com is proud to work EXCLUSIVELY with certified FELLERS wrap providers only. Please contact us if you are not working with a Certified FELLERS provider.

Certified FELLERS Dealer Name	Contact Name	FELLERS Certified Number

Finance Request (How much $ do you want?)

Please provide the below information on the Vehicle Wrap(s) you are interested in.

Finance Amount Requested (without tax) $	# of Vehicles to wrap	Term and Payment preferred

Credit Authorization and acknowledgement

The individual signing below certifies that the information provided in this credit application is accurate and complete and they authorize Olympic Financial or any lender / funder which may be utilized to obtain a consumer credit report(s) that may/will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate non solicitation purpose associated with the account as may be needed from time to time. The individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Owner / Officer Signature _____ Title _____ Date _____

DEALERS ONLY Please FAX or EMAIL a copy of the signed EZ App to FinanceVehicleWraps.com within 24 hours of submittal.
Fax to our offices at: 888.621.7939 or Email us at: sales@financevehiclewraps.com

FinanceVehicleWraps.com
A division of Olympic Financial (olyfinancial.com)
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(800) 284.0103 - (888) 621.7939 fax

Questions? No Problem!
(800) 284-0103