



Dealer Enrollment Questionnaire

Legal Company Name: _____

Corporation ___ Partnership ___ Sole Proprietor ___ Other _____

Federal Tax ID #: _____

Contact: _____ Title: _____

Address: _____

Phone: _____ Cell: _____

Fax: _____

E-Mail Address: _____

Type Of Products To Be Financed: _____

Average Amount Financed: \$ _____

Financing Arrangements You Require: _____

How did you hear about ELES Financial? _____

Financial lender references: _____
