

Certified Master Dealer® Application

The following questions must be answered completely. Any applications received with unanswered questions will be returned for completion prior to consideration for approval. There is a \$195 application fee that must accompany the application. This application fee is non-refundable regardless of approval. Deadline for application: October 5, 2010.

PLEASE INDICATE THE CLASS THAT YOU WOULD LIKE TO ATTEND:

_____ **October 28 - 30, 2010**

Name (First, MI, Last)

Company Name

Title/Position

Mailing Address

NIADA Membership #

City

State

Zip Code

Phone Number

Fax Number

Dealer License Number

Email Address

Website Address

THE FOLLOWING REQUIRED DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION:

- A short biographical sketch describing your professional experience over the last five years. (If you have been a licensed dealer for more than five years you may list the date you founded your dealership and include only other pertinent information you wish to disclose);
- Current Dealership financial statements. Note: Financial Statements will be safeguarded and made available to third parties only with your specific written authorization. Please see the enclosed Authorization to Release Financial Information;
- The number of units you sold in the preceding 12 months or in a defined 12-month period;
- Three letters of recommendation.

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. Are you the "named" or one of the "named" dealer principal(s) of the dealership (Corporate Officer)? Yes No
2. Are you a N.I.A.D.A. member in good standing? Yes No
How many years have you been a member? Years
3. Are you approved or licensed as an automobile dealer by your state and/or local unit of government? Yes No
4. Have you ever been convicted of a felony? Yes No
If yes, please explain. (Use back of this page)
5. Is your established place of business occupied by you, as a dealer principal, continuously on a regular basis? Yes No
6. Are books and records kept at that location? Yes No
7. Is your "majority share of business" transacted at that location? Yes No
8. Are your business hours posted? Yes No
9. Are your business hours consistent with state regulations? Yes No
10. Do you have 50 or more passenger cars and/or trucks in inventory on a continuous basis?
 Yes No
11. What is the average vehicle inventory kept at your location?
12. Do you retail or lease 240 units per year or have annual gross sales of at least \$1,000,000.00?
 Yes No
13. Do you have a minimum of five years automobile retail experience as a dealer principal?
 Yes No

METHOD OF PAYMENT:

Enclosed is a check made payable to "NIADA"

Visa MasterCard American Express Discover

Cardholder's Name

Expiration Date

Security Code (3 or 4 digits)

Card Number

Cardholder's Signature

CERTIFIED MASTER DEALER® PROGRAM
AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

As the number of financial institutions willing to accept the risk of lending to non-prime customers started to diminish, NIADA began working with lenders to develop parameters for lending programs that would meet the goals and objectives of both NIADA members' and lender's. As part of the Certified Master Dealer® Program application process, your Dealership agreed to provide NIADA with confidential information regarding the Dealership's financial condition, including copies of current financial statements. The purpose of this Authorization to Release Financial Information is to obtain your permission for NIADA to provide copies of your Certified Master Dealer® Application and financial statements upon successful completion of the Certified Master Dealer® Program to lenders in order to determine whether the Dealership is eligible to participate in lending programs established for our segment of the industry.

If you prefer that NIADA not share your Dealership's Application and financial information with lenders, you may direct us not to do so. If you are comfortable with NIADA sharing this information with lenders, however, we may only do so with your specific written authorization. This authority shall remain in full force and effect until NIADA has received written notification of your wish to terminate such authorization. Please allow four (4) weeks for NIADA to process your request. If you revoke your authorization, NIADA will no longer disclose your financial information for the reasons set forth herein.

By signing below, you acknowledge that you have read this Authorization to Release Financial Information and you:

_____ **AUTHORIZE** the release of your Dealership's Certified Master Dealer® Application and financial information, including financial statements, to lenders for the purpose of determining whether it qualifies for special lending programs.

_____ **DO NOT AUTHORIZE** the release of your Dealership's Certified Master Dealer® Application and financial information to lenders for the purpose of determining whether it qualifies for special lending programs.

Authorized Representative's Signature Date

Printed Name and Title

You may call 1-800-682-3837 if you have any questions concerning
this Authorization to Release Financial Information.

Send this application and the \$195.00 non-refundable application fee to:
Georgia Brown • NIADA • 2521 Brown Boulevard, Arlington, TX 76006

For Office Use Only

Date Received

Approved