



614 Maple (S. Hwy 15)

Clay Center, KS 67432

Phone: 785-632-5664 Fax: 785-632-2814

For information contact: Zach Jones

APPLICATION FOR DEALERSHIP

Name: _____

(As it appears on Drivers License)

Social Security: _____ - _____ - _____

Date of Birth: _____

Address: _____

Home Number (____) _____

City: _____ County: _____

Business Number: (____) _____

State: _____ Zip: _____

Fax Number: (____) _____

E-mail Address: _____

Company Name: _____

Federal Tax ID Number: _____

Date Business Started: _____

Corporation []

Partnership []

Sole Proprietor []

Name of Owner(s) or Officer(s):

President: _____

Secretary/Treasurer: _____

Vice President: _____

Please state the counties and/or cities you would like to apply for dealership: _____

1. Do you have any full or part time employees, and if so, how many? _____

2. Do you have Workman's Compensation Insurance for your employees? _____

3. Do you carry liability insurance? _____

4. Are you involved in any other business(es), and if so, what? _____

5. Do you currently sell HUD Code Housing? _____

6. Are you currently or have you ever been a representative for another UBC Code Manufactured Housing Company? _____

7. Have you ever stick built or completed a Modular Home? _____

8. Is this your sole source of income? _____
9. Would there be anyone dealing with customers other than yourself? _____
10. What type of advertising do you currently do and what is your budget? _____

11. What type of advertising would you do if you become a Wardcraft Homes Authorized Dealer? _____

12. Do you plan to erect a showhome? _____
13. Do you have any lawsuits currently in progress or pending? _____
14. Have you ever declared bankruptcy and if so, when? _____

Bank Name and Address: _____

Phone Number: (____) _____ Loan Officer's Name: _____

Business related credit references and your limit with each:

1. _____ Phone Number: (____) _____ Limit: _____
2. _____ Phone Number: (____) _____ Limit: _____
3. _____ Phone Number: (____) _____ Limit: _____

Personal References:

1. _____ Phone Number: (____) _____
2. _____ Phone Number: (____) _____

Please attach your financial statement from the past (2) two years.

I certify that the above information is true and correct. I also grant my permission to verify the above statements, obtain lender/bank and personal references, and to perform a credit and background check.

Date: _____ Signature: _____ Title: _____