



Gator Moto Utility Vehicles and More, LLC.
2426 Mayport Road - Atlantic Beach, FL 32233
Office: (904) 247-1818

Please complete this form, sign it and fax it back to us at: 1-815-572-8933

Corporate Information

Legal Corporate Name/ Business Name _____
 Street Address _____
 City _____ State _____ Zip _____ County _____
 Phone _____ - _____ - _____ Fax _____ - _____ - _____ Date of Corporation _____
 State of Incorporation _____ Federal ID # _____ - _____
 Circle one: Corporation / Partnership / Sole Proprietorship / Other _____
 President _____ Contact Person _____
 Current Fleet Size _____ What percent is leased _____ Financed _____
 Where financed or leased _____

Bank Information

Bank Name _____ Bank Officer _____
 Branch Location _____ Phone # _____ - _____ - _____

Principle Owners

Name _____ % of ownership _____ SS# _____ - _____ - _____
 Home phone _____ - _____ - _____ Street address _____
 City _____ State _____ Zip _____ County _____

Name _____ % of ownership _____ SS# _____ - _____ - _____
 Home phone _____ - _____ - _____ Street address _____
 City _____ State _____ Zip _____ County _____

Name _____ % of ownership _____ SS# _____ - _____ - _____
 Home phone _____ - _____ - _____ Street address _____
 City _____ State _____ Zip _____ County _____

Major Creditors

Name _____ Phone # _____ - _____ - _____
 Contact person _____ Title _____

Name _____ Phone # _____ - _____ - _____
 Contact person _____ Title _____

Name _____ Phone # _____ - _____ - _____
 Contact person _____ Title _____

Insurance Information

Agency Names _____ Agents Name _____
 Phone # _____ - _____ - _____ Address _____

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes Gator Moto Utility Vehicles and More, LLC and any credit bureau or investigative agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. The undersigned is authorized by said company to allow an investigation

Signature _____ Title _____ Date _____