



Dear Manufactured Home Retailer,

Thank you for your interest in our financial services. Enclosed you will find an Independent Manufactured Home Retailer Application Package. The checklist details all supporting documents required for submission. Please execute the documents and return them along with the supporting documents requested on the checklist to CIS Financial Services, Inc.

For Standard Mail US Postal Service

PO Box 1906
Hamilton, AL 35570

For Overnight

Attn: Compliance Department
818 Military St. S
Hamilton, AL 35570

We look forward to working with you. If you have any questions, please feel free to call us at (800)844-4845 or email compliance@cishomeloans.com

Respectfully,

CIS Financial Services, Inc.
Compliance Department

Enc.

www.cishomeloans.com

Contact: The Compliance Department for information regarding applications
PO Box 1906 – 818 Military Street South – Hamilton, AL 35570
Phone: (800)844-4845 – Fax (205)430-8240

Retailer Application Package Checklist

Legal Name of Retailer

Retailer Contact Name

Phone

Email

Fax:

Home Retailer Application

List of all officers

Officer has signed and dated Amendment to Mfd. Home Retailer Application Officer has signed & dated

Fax Authorization

W-9

Please provide previous year end and most current interim Financial Statements (P&L and Balance Sheet)

Proof of Organizational Structure (check applicable entity supporting documents)

Articles of Incorporation (Corporations)

Operating Agreement & Articles of Organization (LLC's)

Partnership Agreement (Partnerships)

Provide copies of local business permits

Provide Retailer License, for City, County and State

Provide Power of Attorney

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Phone: (800) 844-4845 – Fax: (205) 921-5088

Retailer Application

You must provide all the information requested, including the SSNs. Failure to provide any of the requested information might result in delay or rejection of your application.

Send this completed form to CIS Financial Services, Inc.

To (Name of Lending Institution) CIS Financial Services, Inc.	
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Retailer/Builder's Trade Name	Date Established	Type of Business	Telephone Number
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Present Address	Yrs. at Present Address
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Previous Address	Yrs. at Previous Address
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Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	If, a corporation type:	No. of Salespersons
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Employment History of Owners, Principals and Officers. Provide five-year history for all owners, principals and/or officers. Attach separate sheets if necessary.

Name	Social Security Number	Title
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Names & Addresses of Employers for past 5 Years	Type of Business	Dates of Employment
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Name	Social Security Number	Title
------	------------------------	-------

Names & Addresses of Employers for past 5 Years	Type of Business	Dates of Employment
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Name	Social Security Number	Title
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Names & Addresses of Employers for past 5 Years	Type of Business	Dates of Employment
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Name	Social Security Number	Title
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Names & Addresses of Employers for past 5 Years	Type of Business	Dates of Employment
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Trade/Retail Finance Relationship (Lender) References. (Attach any warranty or guaranty given buyers.)

Lender Reference Name and Address	Type of Relationship: Chattel, FHA, Conventional Relationship Start Date:	Phone: _____ Fax: _____ Email: _____
Lender Reference Name and Address	Type of Relationship: Chattel, FHA, Conventional Relationship Start Date:	Phone: _____ Fax: _____ Email: _____
Lender Reference Name and Address	Type of Relationship: Chattel, FHA, Conventional Relationship Start Date:	Phone: _____ Fax: _____ Email: _____
Lender Reference Name and Address	Type of Relationship: Chattel, FHA, Conventional Relationship Start Date:	Phone: _____ Fax: _____ Email: _____
Trade Reference Name and Address	Type of Relationship: Chattel, FHA, Conventional Relationship Start Date:	Phone: _____ Fax: _____ Email: _____
Trade Reference Name and Address	Type of Relationship: Chattel, FHA, Conventional Relationship Start Date:	Phone: _____ Fax: _____ Email: _____

I (we) certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damage to the lender, its agents, successors and assigns, insurers and any person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

Authorized Official of Dealership (Name, Signature, & Date)

X

Do not complete, for CIS Financial Use only

- | | | |
|--|---|--|
| <input type="checkbox"/> Commercial Credit Report on Firm | <input type="checkbox"/> References Checked | <input type="checkbox"/> Copy of Contract Sales Agreement Received |
| <input type="checkbox"/> Consumer Credit Reports on Principals | <input type="checkbox"/> Previous Lenders Checked | <input type="checkbox"/> Sales Literature Received |
| <input type="checkbox"/> Current Financial Statement | <input type="checkbox"/> Firm, all Principals and Salespersons checked against precautionary list | <input type="checkbox"/> Applicant given copy of Dealer Guide |
| <input type="checkbox"/> Net Worth Checked | | |

Place of Business Inspected by (signature & title)	Date
Remarks	

This Mfd. Home Retailer Application has been approved after such investigation, as we consider necessary to establish that the applicant is reliable, financially responsible and qualified to deliver and install satisfactorily the work or product to be financed and to provide proper service to the customer.

Approved by (signature & title)	Date
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CIS Financial Services, Inc., Credit Authorization Release

By signing below, I affirm that all information supplied to CIS Financial Services, Inc. is true and correct. I further acknowledge that I have the authority and I am consenting to authorize the following activities to be conducted connected to this dealership's application for approval under the Manufactured Home Retailer/Builder Program of CIS Financial Services, Inc., and its subsidiaries.

1. Credit history checks on the dealership and all principals of the dealership on the initial certification as well as the annual recertification.
2. Verification of any financial information pertaining to the dealership and all principals of the dealership.
3. Background reference checks, including, but not limited to, employment and felony convictions.
4. The share and exchange of any and all information obtained through the application process with any lender, insurance company or subsidiary of CIS Financial Services, Inc., that is connected either directly or indirectly with the Manufactured Home Retailer Builder Program of CIS Financial Services, Inc., or any of its subsidiaries.

Retailer/Builder Name

Authorized Signature Title

Executed this the ____ day of _____, _____.
(Month) (Year)

Amendment to Manufactured Home Retailer Application

Please answer the questions below and execute the document where provided. "Applicant" referred to in this Amendment is defined as an applicant listed on the application or any principal or manager of the dealership of which this application is being made.

- 1. Have any of the applicants (personally, or as a principal officer of business) declared bankruptcy within the last ten (10) years? (Yes)___(No)
- 2. Have any of the applicants had any judgments, repossessions, garnishments, lawsuits (criminal or civil), or other legal proceedings filed against them in the past ten (10) years? (Yes)___(No)___
- 3. Have any of the applicants ever obtained credit under any other name? (Yes)___(No)___ If Yes please disclose the name(s).
- 4. Have any of the applicants ever been convicted of a felony? (Yes)___(No)___

Please provide a brief explanation to any questions that rendered a "yes" answer.

By signing below, I affirm that all information supplied to CIS Financial Services, Inc. (including the answers to the above questions) is true and correct

Retailer Name

Authorized Signature

Title

Executed this the ___ day of _____, 20____.
(Month) (Year)

PRINCIPAL PERSONAL INFORMATION SHEET

Principal #1

Name (First, Middle, Last)

Date of Birth

Home Address

Telephone Number

Principal # 2

Name (First, Middle, Last)

Date of Birth

Home Address

Telephone Number

Principal #3

Name (First, Middle, Last)

Date of Birth

Home Address

Telephone Number

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Retail Location Contact Information Form

***Submit a Manufactured Retailer License and Power of Attorney for each retail location.**

Retailer Name: _____

DBA Name: _____

Street Address: _____

Mailing Address: _____

City, State: _____

Zip Code: _____

Contact Person(s): _____

Phone: _____

Fax: _____

Email: _____

Federal Tax ID: _____

Fax/Email Authorization

I understand that by providing my fax number and email address, I consent to receive faxes and emails sent to me by CIS Financial Services, Inc. These faxes and/or emails will contain industry information and updates, rate sheet and other information pertinent to our industry.

My fax number is _____

My email is _____

Company _____

City / State _____

Signature _____

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POWER OF ATTORNEY (CORPORATION)

(Name of Corporation)

(Street Address)

(City, State, Zip)

TO WHOM IT MAY CONCERN: At a meeting of the Board of Directors of the above named corporation held on the _____ day of _____, _____, a quorum being present and voting throughout, the following resolution was unanimously adopted:

WHEREAS, in the course of operation of the business of this corporation (hereinafter referred to as “Dealer”), it is necessary for employees of Dealer to execute certain instruments and to do certain acts in the name of and on behalf of Dealer, and it is in the best interests of Dealer to confer a Power of Attorney upon certain employees;

NOW, THEREFORE, BE IT RESOLVED: That a Power of Attorney be and is hereby conferred on:

_____ Name (Type or Print)	_____ Signature	_____ Position
_____ Name (Type or Print)	_____ Signature	_____ Position
_____ Name (Type or Print)	_____ Signature	_____ Position

severally, to act in the name of and on the behalf of this corporation (hereby ratifying and confirming all similar acts heretofore done by him or them or any of them on behalf of this corporation), to:

- (a) Prepare, sign and submit statements concerning the financial condition of Dealer to CIS Financial Services, Inc., and/or any of its affiliated or subsidiary companies (hereinafter called “CIS”).
- (b) Execute, sell, transfer, endorse, or in any other manner dispose of notes, bills of exchange, contracts, conditional sales contracts, chattel mortgages, leases and trust receipts or any other evidence of indebtedness possessed by Dealer, with or to CIS.
- (c) Authorize settlements, compositions, suits, extensions of time or repossessions with respect to or relating to any evidence of indebtedness or security instrument Dealer may have sold or otherwise transferred to CIS; and to renew or extend any indebtedness or obligation Dealer may owe to CIS.
- (d) Generally perform all acts and do all things which he/she or they or any of them may deem expedient or necessary in the proper discharge of the powers of attorney hereby conferred, as fully as if done by the grantor of these powers.

BE IT FURTHER RESOLVED: That the certification of this resolution by the Secretary, countersigned by the President of Dealer, shall constitute a Power of Attorney, conferred to the above name individuals, severally, to represent Dealer in its transactions of business with CIS Financial Services, Inc., and/or its affiliated companies in accordance with the foregoing resolution.

I, _____, hereby certify that I am Secretary of the
(Print or Type Secretary's Name)

above named corporation, and that the foregoing resolutions are true, complete and correct copies of resolutions duly adopted by the Board of Directors of said corporation at a meeting held on the date mentioned; and that the said resolutions are now in full force and effect.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of this corporation on the _____ day of _____, _____.

(CORPORATE SEAL)

(Signature of Secretary)

Countersigned by:

(Signature of President)

POWER OF ATTORNEY (LIMITED LIABILITY COMPANY)

(Name of Limited Liability Company)

(Street Address)

(City, State, Zip)

TO WHOM IT MAY CONCERN: At a meeting of all of the Members of the above named Limited Liability Company held on the ____ day of _____, _____, a quorum being present and voting throughout, the following resolution was unanimously adopted:

WHEREAS, in the course of operation of the business of this Limited Liability Company (hereinafter referred to as “Dealer”), it is necessary for employees of Dealer to execute certain instruments and to do certain acts in the name of and on behalf of Dealer and it is in the best interests of Dealer to confer a Power of Attorney upon certain employees.

NOW, THEREFORE, BE IT RESOLVED: That a Power of Attorney be and is hereby conferred on:

_____ Name (Type or Print)	_____ Signature	_____ Position
_____ Name (Type or Print)	_____ Signature	_____ Position
_____ Name (Type or Print)	_____ Signature	_____ Position

severally, to act in the name of and on the behalf of this Limited Liability Company (hereby ratifying and confirming all similar acts heretofore done by him/her or them or any of them on behalf of this Limited Liability Company), to:

- (a) Prepare, sign and submit statements concerning the financial condition of Dealer to CIS Financial Services, Inc., and/or any of its affiliated or subsidiary companies (hereinafter called “CIS”).
- (b) Execute, sell, transfer, endorse, or in any other manner dispose of notes, bills of exchange, contracts, conditional sales contracts, chattel mortgages, leases and trust receipts or any other evidence of indebtedness possessed by Dealer, with or to CIS.
- (c) Authorize settlements, compositions, suits, extensions of time or repossessions with respect to or relating to any evidence of indebtedness or security instrument Dealer may have sold or otherwise transferred to CIS; and to renew or extend any indebtedness or obligation Dealer may owe to CIS.
- (d) Generally perform all acts and do all things which he/she or they or any of them may deem expedient or necessary in the proper discharge of the powers of attorney hereby conferred, as fully as if done by the grantor of these powers.

BE IT FURTHER RESOLVED: That the certification of this resolution by the Secretary, countersigned by the Member(s) of the Limited Liability Company, shall constitute a Power of Attorney conferred to the above named individuals, severally, to represent Dealer in its transactions of business with CIS Financial Services, Inc., and/or its affiliated companies in accordance with the foregoing resolution.

I, _____, hereby certify that I am Secretary of the above
(Print or Type Secretary's Name)

named Limited Liability Company, and that the foregoing resolutions are true, complete and correct copies of resolutions duly adopted by all the Members of said Limited Liability Company at a meeting held on the date mentioned; and that said resolutions are now in full force and effect.

In Witness Whereof, I have hereunto subscribed my name on the ____ day of _____, ____.

(Signature of Secretary of L.L.C.)

Countersigned by all Member(s): add lines if necessary

Member's Signature

Member's Signature

Member's Signature

Member's Signature