



OCTANE DEALER SOLUTIONS APPLICATION

A processing fee of \$75.00 must accompany this application.

(Make Check Payable To: Octane Dealer Solutions.)

PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR PROCESSING OF APPLICATION

Dealership Name: _____

NOTE:

1. State all prior names dealership has used within five years of this application.
2. If Dealership is a Corporation, LLC, or other registered entity, a copy of certificate with the Ohio Secretary of State showing exact legal name is required to accompany this application.

Dealership Location(s): _____

Lot phone number: _____

Lot Fax number: _____

Business Website Address: _____

Does Your Dealership Website Have Current Inventory Listings? Y or N

NOTE: Dealership must notify Octane Dealer Solutions of any change in location. Failure to provide notice of a change in location will be grounds for termination of floorplan privileges.

"X" Type of Business Entity: Corporation _____ Partnership _____ LLC _____ Proprietorship _____

Entity Federal Tax Identification #: _____ **Date Business Began:** _____

Desired credit limit \$ _____ **Total cars your lot can accommodate:** _____

Price range of cars purchased \$ _____ **When did you start buying at AAA?** _____

Please provide a brief history and description of your dealership and automotive experience: _____

Personal Information-Owner/Guarantor # 1:

Owner Name _____
First Name Middle Initial Last Name

Social Security Number _____ Birthdate _____

Home Address _____

City _____ State _____ Zip _____

Circle – Own or Rent - Residence

Other real estate owned _____

Home Phone Number: (____) _____ - _____

PLEASE ATTACH A COPY OF YOUR CURRENT

Cell Phone Number: (____) _____ - _____

VALID OHIO DRIVERS LICENSE

Business E-Mail Address: _____

Consent to obtain credit and financial records:

By signing this application for floorplan privileges with Akron Auto Auction, Inc. dba Octane Dealer Solutions ("ODS") you are authorizing ODS to obtain a credit report to determine your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. Your signature below hereby authorizes ODS to inquire about, investigate and obtain copies of any records which relate to your creditworthiness from your bank, references and former employers. Your signature hereby authorize ODS to obtain and use said credit report and contact your financial institution and references for a rating on your account with respect to the dealership identified in this application as well as its principals individually for determining whether to grant floor plan privileges and hereby release ODS, all affiliated persons and entities, as well as any person or institution that provides ODS with any lawful information about you, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

Signature-Owner/Guarantor #1

Date

Personal Information-Owner/Guarantor # 2:

Owner Name _____
First Name Middle Initial Last Name

Social Security Number _____ Birthdate _____

Home Address _____

City _____ State _____ Zip _____

Circle – Own or Rent - Residence

Other real estate owned _____

Home Phone Number: (____) _____ - _____

PLEASE ATTACH A COPY OF YOUR CURRENT

Cell Phone Number: (____) _____ - _____

VALID OHIO DRIVERS LICENSE

Business E-Mail Address: _____

Consent to obtain credit and financial records:

By signing this application for floorplan privileges with Akron Auto Auction, Inc. dba Octane Dealer Solutions ("ODS") you are authorizing ODS to obtain a credit report to determine your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living. Your signature below hereby authorizes ODS to inquire about, investigate and obtain copies of any records which relate to your creditworthiness from your bank, references and former employers. Your signature hereby authorize ODS to obtain and use said credit report and contact your financial institution and references for a rating on your account with respect to the dealership identified in this application as well as its principals individually for determining whether to grant floor plan privileges and hereby release ODS, all affiliated persons and entities, as well as any person or institution that provides ODS with any lawful information about you, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

Signature-Owner/Guarantor #2

Date

BUSINESS Report Request Ordering Form



Experian ProfilePlusSM Report

(Please list ALL addresses AND names associated with business)

PRINT ONLY:

Company Name: _____

DBA: _____

Address: _____
CITY ST ZIP

PO Box Address: _____
CITY ST ZIP

Telephone Number: _____ Fed Tax ID: _____

Other Address: _____

I authorize Akron Auto Auction, Inc. dba Octane Dealer Solutions to obtain a copy of any Experian business reports on company listed above

X _____

Business Owner Signature

Date

--

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional) Akron Auto Auction, Inc. Octane Dealer Solutions 2501 Ley Drive, Akron, OH 44319
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
	<div></div>	<div></div>

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Dealership Financial Information

Dealership Liability/Garage Insurance:

Insurance Provider: _____ Phone No. _____

Policy No.: _____ Fax No. _____

Insurance Agent: _____

Address: _____ City _____ State _____ Zip _____

Policy Expiration Date: _____ Insurance Coverage \$ _____

**Provide Certificate of Insurance With Your Application - Example is Attached
At Time of Line of credit Approval ADD ODS as Certificate Holder- Additional Interest -
communicate with your Insurance Agent**

Dealership Business Checking Account:

Bank _____ Phone No. _____

Acct. No. _____ Fax No. _____

Address _____ City _____ State _____ Zip _____

Banker Name: _____

Date Account Opened: _____ Current Balance: \$ _____

Provide Latest Month Bank Account Statement With Your Application-Complete Exhibit A

Other Floorplan(s) Secured by Dealership:

Company _____ Phone No. _____

Contact _____

Address _____ City _____ State _____ Zip _____

What is your credit limit: \$ _____

Does the floorplan company have UCC filings? Y or N

If so, what does UCC cover? _____

Other Floorplan(s) Secured by Dealership:

Company _____ Phone No. _____

Contact _____

Address _____ City _____ State _____ Zip _____

What is your credit limit: \$ _____

Does the floorplan company have UCC filings? Y or N

If so, what does UCC cover? _____



- EXAMPLE FOR REFERENCE PURPOSES -

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/26/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (360) 598-3700 Fax: (360) 598-3703

MICHAEL J. HALL & COMPANY

ARCHITECTS & ENGINEERS PROFESSIONAL INSURANCE PROGRAM, INC.

19660 10TH AVENUE N.E.

POULSBO WA 98370

INSURED
ABC Corporation

123 Main Street

Anytown, USA 1234-000

Agency
Information
Provided

CONTACT NAME MICHAEL J. HALL & COMPANY

PHONE (360) 598-3700

FAX (360) 598-3703

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : The Travelers Indemnity Company of America 25666

INSURER B : The Phoenix Insurance Company 25623

INSURER C : The Travelers Indemnity Company 25658

INSURER D : Hartford Casualty Insurance Company 29424

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER: 15657D

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU / BFPD / OCP <input checked="" type="checkbox"/> Separation of Insureds GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			680123L456	12/20/11	12/20/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA-1234L567	12/20/11	12/20/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> CED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-7941Y21A	12/20/11	12/20/12	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	52WECTR9085	06/03/11	06/03/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE-EA EMPLOYEE \$ 1,000,000 E.L. DISEASE-POLICY LIMIT \$ 1,000,000
A	Professional Liability-Claims Made Form Pollution Liability: Occurrence Form			123456789	12/20/11	12/20/12	\$2,000,000 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS, VEHICLES (Attach ACORD 101 Additional Remarks Schedule, if more space is required)

Project:

_____ are Additional Insured on the Commercial General Liability and Auto Liability when required by written contract or agreement regarding activities by or on behalf of the Named Insured. This insurance is primary insurance and any other insurance maintained by the Additional Insured shall be excess only and non-contributing with this insurance. A waiver of subrogation applies to the Commercial General Liability, Auto Liability, Umbrella / Excess Liability and Workers Compensation / Employers Liability in favor of the Additional Insured. Additional Insured status is not available on a professional liability policy

Cancellation Notice
Per Policy Provisions

CERTIFICATE HOLDER

CANCELLATION

Octane Dealer Solutions
2501 Ley Drive
Akron, OH 44319

Attention: Will Lutes

Signature of Agent

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ashley L. Hurd

Ashley L. Hurd

**AKRON AUTO AUCTION, INC. dba OCTANE DEALER SOLUTIONS
AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER (ACH)**

This agreement is for authorization of electronic fund transfer among Akron Auto Auction Inc. dba Octane Dealer Solutions, hereinafter called ODS, and _____ (“Dealer”)

Located at _____ City _____, State _____ Zip _____.

I ELECT to have electronic fund transfer (ACH) for payment to ODS from Dealer’s bank account pursuant to the terms listed below.

Dealer hereby authorizes ODS to initiate ACH credit entries for the Inventory and/or services provided by ODS and to initiate, if necessary, debit entries and adjustments for any credit entries made in error (i.e., funded to incorrect Dealer) to the account indicated below and the depository bank (herein called “Bank”) named below to credit and/or debit the same to such account. This agreement is an additional method of payment of the Dealer, as well as cash or check. Any existing and future contract agreements, payment terms and conditions, among the Dealer and ODS will remain in effect pursuant to the Note and Security Agreement between ODS and Dealer.

I also agree to verify the transit number and the account number with the Dealer’s bank. I accept full responsibility for the Dealer, if the below numbers are incorrect.

Bank Name _____ Routing # _____

Bank Telephone No. _____

Provide one account only:

☐ Checking Acct # _____ ☐ Savings Acct # _____

Please provide email for remittance advice: _____

(Payment details will be emailed to this address including check number, check date, invoice number, invoice date, discount taken and amount paid. No paper remittance advice will be mailed.)

This authority is to remain in full force and effective until ODS has received written notification from the Dealer’s officer of its termination in such time and in such manner to afford ODS and bank a reasonable opportunity to act on it.

Dealer’s Authorized Signatory:

Printed Name

Title

Signature

Date

Contact Person

Telephone Number

This form must be returned to ODS with a voided check showing the Dealer’s account number and bank transit number via email to support@octanedealersolutions.com.

Dealership References

Dealer Industry References:

If possible, provide at least one current Octane Dealer Solutions Floorplan customer as a reference.

Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone No. _____

Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone No. _____

Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone No. _____

**Please note that some or all of the above-listed references may be contacted as part of the application review process.*

Verification and Acknowledgment:

The Undersigned represents warrants and certifies that the information the Undersigned provided in completing this application is accurate and that the Undersigned has the authority as the owner of the dealership to complete this application and shall be legally responsible for any false or misleading information contained herein or withheld from this application. The Undersigned further represents warrants and certifies that it is in compliance with Octane Dealer Solutions' dealer requirements.

Dealer Signature

Date

Dealer Printed Name

Octane Dealer Solutions Floorplan Procedures

By signing this document, you accept the following Floorplan Procedures of Octane Dealer Solutions and are responsible for conveying these procedures to all representatives of your dealership that will interact with Octane Dealer Solutions. You understand that all units put on Octane's Floorplan will incur an \$25 additional buy fee charge for title flip and the initial 30-Day Octane Floorplan Fee.

Upon Purchase of Vehicle at Akron Auto Auction or Value Auto Auction, You Must:

- ▶ Bring all Bills of Sale "buy slips" to the Octane office on the day of the sale.
- ▶ The Floorplan office must be notified the day of the sale if you do NOT want to floorplan a vehicle. **If not notified the vehicles purchased will automatically be floorplanned and floorplan fees will be applied.**

After Thirty (30) Days From the Date of Purchase, You Must:

- ▶ Submit check for Floorplan fee for an additional 30 days.

60 Days From the Date of Purchase:

- ▶ If the vehicle is not paid in full...another check must be submitted to extend the unit for another 30 days.

90 Days From the Date of Purchase:

- ▶ All vehicles **MUST** be paid off within 90 days of the purchase date. **Any dealer who does NOT pay off a floorplan vehicle within 90 days could have their auction privileges suspended.**

Receiving Title(s):

- ▶ Titles will only be released upon receipt of a check in an amount that covers the purchase price, initial finance fee, title flip fee and renewal fees due. We must have your check in our possession before a title is released. **NO EXCEPTIONS!**

Floorplan Management/Dealer Portal:

1. You will have access to manage your floor planned inventory through the website "Flooritsolutions.com". This website will present to you everything you have on Floorplan, any fees due and current balance.
2. It is your responsibility to stay within the credit limit preset for your dealership. Failure to stay within the limits may result in **suspension** or **termination** of the Floorplan and/or Auction privileges.
3. **YOU ARE RESPONSIBLE FOR TAKING CARE OF ANY AMOUNT THAT IS DUE (FEES and 90 DAY UNITS) BY THE CLOSE OF THE EACH WEEK.**

Dealer Signature: _____

Date: _____

**OCTANE DEALER SOLUTIONS
FLOOR PLAN FEE SCHEDULE**

Amount of Advance for Unit	Monthly Floorplan Fee
0-495	45
500-995	55
1000-1995	65
2000-2995	75
3000-3995	85
4000-4995	95
5000-5995	105
6000-6995	115
7000-7995	120
8000-8995	135
9000-9995	165
10000-10995	180
11000-11995	195
12000-12995	210
13000-13995	225
14000-14995	240
15000-15995	255
16000-16995	270
17000-17995	285
18000-18995	300
19000-19995	315
20000-20995	330
21000-21995	345
22000-22995	360
23000-23995	375
24000-24995	390
25000-25995	405
26000-26995	420
27000-27995	435
28000-28995	450
29000-29995	465
After 30000	\$10 per \$1000

First 30 Day Fee is included in the initial capital advance and due at vehicle Pay- Off

2nd 30 Day Fee is due on day 31 and gets unit on Floorplan to day 60

3rd 30 Day Fee is due on day 61 and gets units on Floorplan to day 90

Vehicle is required to be paid off on day 90