

OCTANE DEALER SOLUTIONS APPLICATION

<u>A processing fee of \$75.00 must accompany this application.</u> (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 <u>showing exact legal name</u> is required to accompany this application.

Dealership Location(s):

Lot phone number:	_
Lot Fax number:	
Business Website Address:	_
<i>Does Your Dealership Website Have Current Inventory Listings?</i>	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_	PartnershipLLCProprietorship	
Entity Federal Tax Identification #:	Date Business Began:	
Desired credit limit <u>\$</u>	Total cars your lot can accommodate:	
Price range of cars purchased <u>\$</u>	When did you start buying at AAA?	
Please provide a brief history and descripti	on of your dealership and automotive experience:	

Personal Information-Owner/Gu	uarantor # 1:	
Owner Name First Name		
Social Security Number		
Home Address		
City		
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:		
credit report to determine your creditworthiness, cred. Your signature below hereby authorizes ODS to inquir bank, references and former employers. Your signatur references for a rating on your account with respect to whether to grant floor plan privileges and hereby relea	h Akron Auto Auction, Inc it standing, credit capacity re about, investigate and c re hereby authorize ODS o the dealership identified ase ODS, all affiliated per	redit and financial records: a dba Octane Dealer Solutions ("ODS") you are authorizing ODS to obtain a by, character, general reputation, personal characteristics and mode of living. blain copies of any records which relate to your creditworthiness from your to obtain and use said credit report and contact your financial institution and in this application as well as its principals individually for determining sons and entities, as well as any person or institution that provides ODS with g from any such lawful inquiry, investigation or communication.
Signature-Owner/Guarantor #1	-	Date
Personal Information-Owner/Gi	uarantor # 2:	
Owner Name		
		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:		
credit report to determine your creditworthiness, cred. Your signature below hereby authorizes ODS to inquir bank, references and former employers. Your signatur references for a rating on your account with respect to whether to grant floor plan privileges and hereby relea	h Akron Auto Auction, Inc it standing, credit capacity re about, investigate and c re hereby authorize ODS o the dealership identified ase ODS, all affiliated per	redit and financial records: a. dba Octane Dealer Solutions ("ODS") you are authorizing ODS to obtain a b, character, general reputation, personal characteristics and mode of living. btain copies of any records which relate to your creditworthiness from your to obtain and use said credit report and contact your financial institution and in this application as well as its principals individually for determining sons and entities, as well as any person or institution that provides ODS with g from any such lawful inquiry, investigation or communication.
Signature-Owner/Guarantor #2	-	Date

EXHIBIT A

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	
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 c discount taken and amount paid. No paper remittance advi	
This authority is to remain in full force and effective until C of its termination in such time and in such manner to afford	DDS has received written notification from the Dealer's officer d 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 sh via email to support@octanedealersolutions.com.	owing the Dealer's account number and bank transit number

BUSINESS Report	t Request C	Ordering Fo	<u>rm</u>	
CBC	nna	ovis	5	
Phone FAX Request	800.324.3 s to: 1-800			
Client/Customer Account Number: 09AU11588 Na	ame of Requeste	or: Joel C.	Hamshe	<u>r</u>
Client/Customer Name: <u>Akron Auto Auction, Inc.</u> P	none/Fax Numb	er: (330)77	3-8245 /(330)773-8292
Address: 2471 Ley Dr., Akron, OH 44319 E	-Mail: <u>joel</u> @	akronauto	auction.	<u>com</u>
<u>Return Options</u> : Fax	1	E-Mail <u>X</u>		
**************************************	package pro	oduct(s))		
Business Summary Commercial Intelliscore				
(Please list <u>ALL</u> addresse) <u></u> _
PRINT ONLY:	s associated wi	th Dusiness)		
Company Name:				
Address:	CITY		ST	ZIP
PO Box Address:			51	ZIF
	CITY		ST	ZIP
Telephone Number:	Fed 7	Гах ID:		
Other Address:				
FOR BUSINESS OWNER REPORT (PRINT ONLY):				
Applicant Name:				
DOB:	:	SSN:		. <u></u>
Current Address:	CITY		ST	ZIP
I authorize <u>Akron Auto Auction, Inc.</u> (Name of Company)	to obtain a	copy any/all co	nsumer rep	orts requested above.
X Business Owner Signature		D	Pate	
ORDER MAY BE DELAYED IF ACCO		BER IS NO		OUEST



Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

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

	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
pe. ons on page 3.	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
Print or type. Specific Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member ov LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its own	wner. Do not check wner of the LLC is le-member LLC that	Exemption from FATCA reporting code (if any)
Deci	□ Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)
Š	5 Address (number, street, and apt. or suite no.) See instructions.		nd address (optional)
See		AKRON AUTO	A FORMA DESCORTEMANTATION RESIDENT DES TI
•,	6 City, state, and ZIP code	2471 LEY DRIV AKRON, OH 44	—
	7 List account number(s) here (optional)		
Par	t I Taxpayer Identification Number (TIN)		
backu reside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av up withholding. For individuals, this is generally your social security number (SSN). However, f ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> there.	or a	- -
Note:	If the account is in more than one name, see the instructions for line 1. Also see <i>What Name</i> er <i>To Give the Requester</i> for guidelines on whose number to enter.		identification number

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 ►	

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- \bullet Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form W-9 (Rev. 10-2018)

Date 🕨

Dealership Financial Information

Insurance Provider:		Phone No	
Policy No.:		Fax No.	
Insurance Agent:			
Address:			Zip
Policy Expiration Date:	Ir	isurance Covera	ge \$
	ate of Insurance	With Your Appli	ication
Dealership Business Checking	<u>g Account:</u>		
Bank		Phone No	
Acct. No		Fax No	
Address	City	State	Zip
Banker Name:			
Date Account Opened:	Curre	nt Balance:\$	
Provide Latest Month 1	Bank Account Sta	tement With You	
Other Floorplan(s) Secured by	y Dealership:		
	_	Phone No	
Company		Phone No	
Company Contact			
Company Contact Address	City	State	Zip_
Company Contact Address What is your credit limit: \$	City	State	Zip_
Company Contact Address What is your credit limit: \$ Does the floorplan company ho	City City ave UCC filings? Y	State	Zip_
Company Contact Address What is your credit limit: \$ Does the floorplan company ho If so, what does UCC cover?	City	State	Zip_
What is your credit limit: \$ Does the floorplan company ho If so, what does UCC cover? Other Floorplan(s) Secured by	City we UCC filings? Y Dealership:	State or N	Zip_
Company Contact Address What is your credit limit: \$ Does the floorplan company ha If so, what does UCC cover? Other Floorplan(s) Secured by Company	City ave UCC filings? Y y Dealership:	State or N	Zip_
Company Contact Address What is your credit limit: \$ Does the floorplan company ho If so, what does UCC cover? Other Floorplan(s) Secured by Company Contact	City ave UCC filings? Y y Dealership:	State or N Phone No	Zip_
Company Contact Address What is your credit limit: \$ Does the floorplan company ho If so, what does UCC cover? Other Floorplan(s) Secured by Company	City ave UCC filings? Y y Dealership: City	State or N Phone No State	Zip_

Dealership References

Dealer Industry Reference If possible, provide at least on	<u>es:</u> e current Octane Dealer Solutions	s Floorplan cu	istomer as a referer	<mark>nce</mark> .
Name				
	City	State	Zip	
Contact	Phone No.			
Name				
	City	State	Zip	
Contact	Phone No			
Name				
Address		State	Zip	
Contact	Phone No			
Contact				the

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 the Akron Auto Auction, Inc., You Must:

- Bring all "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. <u>If not notified the vehicles purchased will automatically be floorplanned and floorplan fees will be applied.</u>

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, buy fee, and Floorplan fee. 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 floorplanned 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 <u>suspension</u> or <u>termination</u> of 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:

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

OCTANE DEALER SOLUTIONS FLOOR PLAN FEE SCHEDULE

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First 30 Day Fee is included on the buy slip 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