

BHPH FUNDING CORP PRE-QUALIFICATION FORM

AVAILABLE IN OHIO ONLY
(need one for each principal/owner)

Phone 1-800-821-7961 Fax 1-800-270-7965

DATE: _____

DEALERSHIP NAME: _____

ADDRESS: _____

C/S/Z: _____

NUMBER OF YEARS IN BUSINESS: _____

IDEA OF AMOUNT REQUESTED: _____

DEALER PHONE: (_____) _____ CELL (_____) _____

DEALER FAX: (_____) _____ E-MAIL _____

EITHER A SEPARATE FAX LINE OR REGULARLY CHECKED E-MAIL IS REQUIRED

NAME: _____

FIRST

MI

LAST

HOME ADDRESS: _____

C/S/Z: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

(SPOUSE INFORMATION IS REQUIRED)

SPOUSE NAME: _____

FIRST

MI

LAST

HOME ADDRESS: _____

C/S/Z: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

FAX this form and a **COMPLETED RETAIL INSTALLMENT CONTRACT** TO (800) 270-7965

___ OWN
___ RENT

___ OWN
___ RENT

FOR OFFICE USE ONLY:

NOTES:

APPROVED / TURN DOWN BY _____ DATE: _____