

Paige-Ruane, Inc

PO Box 10
Scottsville, VA 24590
888-800-7670 fax: 888-721-7671

Vendors Single Interest Application

Company Name: _____
Address: _____
City/State/Zip: _____ Fax: () _____
Contact/Title: _____ Phone: () _____ ext.

PORTFOLIO STATUS

| # Units | Total Dollars Outstanding | Monthly Volume of Leases | Max. Term | Avg. Term | Max. \$ Amount Per Vehicle |
|---------------|---------------------------|--------------------------|-----------|-----------|----------------------------|
| Auto direct | _____ | _____ | _____ | _____ | _____ |
| Auto Indirect | _____ | _____ | _____ | _____ | _____ |
| Rec Vehicle | _____ | _____ | _____ | _____ | _____ |
| Boat/Marine | _____ | _____ | _____ | _____ | _____ |
| Mobile home | _____ | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ | _____ |

| | Auto Direct | Auto Indirect | RV | Boat | Mobile Home | Other |
|------------------------|-------------|---------------|-------|-------|-------------|-----------------|
| #leases made last year | _____ | _____ | _____ | _____ | _____ | _____ |
| leases made prior year | _____ | _____ | _____ | _____ | _____ | _____ |
| # reposessions YTD | _____ | _____ | _____ | _____ | _____ | _____ |
| repos Last Year | _____ | _____ | _____ | _____ | _____ | _____ |
| repos Prior Year | _____ | _____ | _____ | _____ | _____ | _____ |
| #unrecovered Skips YTD | _____ | _____ | _____ | _____ | _____ | _____ |
| skips Last Year | _____ | _____ | _____ | _____ | _____ | _____ |
| skips Prior Year | _____ | _____ | _____ | _____ | _____ | _____ |
| net charge-offs \$ytd | _____ | _____ | _____ | _____ | _____ | _____ |
| charge-offs last year | _____ | _____ | _____ | _____ | _____ | _____ |
| delinquency % (30 day) | _____ | _____ | _____ | _____ | _____ | _____ |
| delinquency last year | _____ | _____ | _____ | _____ | _____ | _____ |
| Collections Manager | _____ | | | | | _____ |
| | _____ | | | | | Phone () _____ |

INSURANCE INFORMATION

Do you verify insurance coverage before a lease is granted? Yes No
Do you follow-up on the insurance status of each lease? Yes No
If yes, do you use an automated tracking service? Name: _____
Do you intend to continue follow-up tracking of insurance? Yes No
Do you use LSI (or VSI/Blanket) to protect your leases? Yes No
Agency: _____ Company: _____ Policy Date: ___/___/___
Premium per: \$ _____ auto direct \$ _____ indirect \$ _____ RV \$ _____ boat \$ _____ mobile home: \$ _____
Deductible: \$ _____ Limits: \$ _____ Are skip losses covered? Yes No
Canceled/non-renewed: ___/___/___ Will coverage continue on portfolio? Yes No

*Signing this application does not bind the applicant nor the Company/Underwriters to complete this insurance.
All of the information provided is accurate to the best of my knowledge and I understand that the policy, if issued, will be based upon the information provided herein.*

Authorized Signature _____ Date _____ Printed Name _____ Title _____