

APPLICATION COVER SHEET



SUBMIT APPLICATIONS TO: ORIGINATIONS@TRIADFS.COM
SUBMIT CONDITIONS TO: CONDITIONS@TRIADFS.COM

APPLICANT NAME:

TRIAD REGIONAL MANAGER:

RETAILER NAME:

PARTNER ID:

RETAILER ADDRESS:

CITY:

STATE:

ZIP:

CONTACT INFORMATION FOR ALL LOAN CORRESPONDENCE

PRIMARY RETAILER CONTACT

PHONE NUMBER

EMAIL ADDRESS

LOAN PROCESSOR/ASSISTANT

PHONE NUMBER

EMAIL ADDRESS

NOTES: