



Darren McCarthy
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Supplier Information Requirements Checklist

The following information is required for Supplier review and setup:

- Supplier Information Form
 - Signed and dated Supplier Information Form with all owner and principal information included

- Last 2 Fiscal Year End Business Financial Statements
 - Provide Balance Sheet and corresponding Income Statement and Statement of Cash Flows (if available) and all corresponding notes to financial statements
 - Interim financials with prior year comparative period, if available
 - If submitting tax returns, please provide all corresponding supplementary pages

- Formation Documents
 - **Corporation**-Articles of Incorporation
 - **Partnership**-Partnership Agreement (if applicable)
 - **Limited Liability Company**-Articles of Organization/Certificate of Organization and Operating Agreement with all Amendments

Please sign and return this checklist acknowledging that the following requirements are included in this submission:

- Have you included all of the following: 1.) Federal Tax ID #; 2.) Date of ownership (month and year started); 3.) Owner personal information including Percentage Owned? (total must equal 100%)
- If percentage owned by an additional business entity, has information been provided on that entity according the above checklist?
- Have **all** pages of the Supplier Information Form been submitted?
- To verify your legal business name and structure, have you included a copy of your Articles of Organization/Certificate of Formation **and** Operating Agreement, or Partnership Agreement **and** Amendments to any of the foregoing?

Signed by: _____

Date: _____



SUPPLIER INFORMATION FORM

Supplier Legal Name:Motor World West LLC			Federal Tax ID #:27-5163909		
Trade Name or DBA:23 Powersports			Telephone: (800)991-7539	Fax: (866)309-1357	
Main Physical Address: 1497 Grass Valley Highway			Website URL Address:23powersports.com		
City:Auburn	State:CA	Zip Code:95603	E-mail Address:sales@23powersports.com		
Mailing Address: PO Box 5701			Date Current Ownership Acquired Business:03/15/2010		
City:Auburn	State:CA	Zip Code:95604	State of Incorporation:California	Date of Incorporation:03/15/2010	

Please check the appropriate legal entity:
 Corporation Limited Liability Company Sole Proprietorship Partnership Other

CONTACTS

Primary Contact:Scot Kenney	Telephone: (530-415-0778)	Email:sales@23powersports.com
Operations Contact:Ryan Arbuckel	Telephone: (800)991-7539	Email:sales@23powersports.com
Accounting Contact:Cindy Cockran	Telephone: (800)991-7539	Email:sales@23powersports.com

PRINCIPALS, MEMBERS, PARTNERS OR OWNERS

Legal Name (First, MI, Last):Scot Kenney	% Owned:100
Home Address/City/State/Zip Code:same as business	Home Phone: (530)415-0778
Please check appropriate title <input checked="" type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Member <input type="checkbox"/> Partner <input type="checkbox"/> Owner <input type="checkbox"/> Other	
Legal Name (First, MI, Last):	% Owned:
Home Address/City/State/Zip Code:	Home Phone: ()
Please check appropriate title <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Member <input type="checkbox"/> Partner <input type="checkbox"/> Owner <input type="checkbox"/> Other	
Legal Name (First, MI, Last):	% Owned:
Home Address/City/State/Zip Code:	Home Phone: ()
Please check appropriate title <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Member <input type="checkbox"/> Partner <input type="checkbox"/> Owner <input type="checkbox"/> Other	
Legal Name (First, MI, Last):	% Owned:
Home Address/City/State/Zip Code:	Home Phone: ()
Please check appropriate title <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Corporate Secretary <input type="checkbox"/> Member <input type="checkbox"/> Partner <input type="checkbox"/> Owner <input type="checkbox"/> Other	

AFFILIATES OR SUBSIDIARIES			
Full Legal Name		Telephone: ()	
Trade Name or DBA		% Owned:	
Address:	City:	State:	Zip Code:
Full Legal Name:		Telephone: ()	
Trade Name or DBA:		% Owned:	
Address:	City:	State:	Zip Code:
REFERENCES			
Business Bank Accounts:			
Bank Name & Address: First Foundation Bank			Contact:
Account Information: Checking# 315004348 _____ Savings # none _____ Loan# none _____ Other # _____			Telephone: (888)830-4199
			Fax: ()
Floorplan/Inventory Finance Sources:			
1) Company Name:AFC	Products Financed:UTV, RV	Contact:Paul	Telephone: (916)238-9010
2) Company Name:NextGear	Products Financed:23 powersports dealers	Contact:Linda Band	Telephone: (888)969-3721
Will Northpoint Commercial Finance be replacing these sources? <input type="checkbox"/> Yes <input type="checkbox"/> No Maybe			
Trade/Credit References:			
1) Company Name:	Contact:	Telephone: ()	
2) Company Name:	Contact:	Telephone: ()	
ADDITIONAL INFORMATION			
Geographic Market Area: <input checked="" type="checkbox"/> US <input type="checkbox"/> Canada <input type="checkbox"/> International		Product Serialized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On Box <input checked="" type="checkbox"/> On Unit	
Number of Dealers: 2		How many of your Dealers comprise 80% of your sales?2	

Do you have any assets pledged or assigned as collateral for any of your liabilities?

Yes No If yes, please give amount and details: \$13,000 UTV at dealerspip_____

Are there any legal actions pending? Yes No If yes, please explain: _____

The above information is provided in order to enable Northpoint Commercial Finance, LLC to establish a Supplier Account. I have read the information provided and acknowledge and warrant the completeness and accuracy of the information as presented. Further, authorization is hereby granted to all credit reporting agencies, all banks and all other companies to release credit and financial information to Northpoint Commercial Finance, LLC from time to time, which Northpoint Commercial Finance, LLC deems necessary to establish and maintain a Supplier Account.

Supplier Name ___23

Powersports_____

Signature _____ Print Name Scot Kenney_____

Title _President_____ Date ___06/11/2018_____