

LEGACY HOUSING, LTD

4801 Mark IV Parkway
Fort Worth, Texas 76106
(817) 624-7565
(817) 624-7573 Facsimile

From:

Jeff Burt

Info:

Number of Pages: 2
(Including this Cover)

Cover

Remarks:

RE: LIFT Data Sheet/Application – Legacy Housing, LTD. Flooring/Consignment Division

Please complete the attached and return same, including the applicable company documents, to my attention. My facsimile is 972-294-3765.

Also, as a reminder, the following documents are required for each LIFT Data Sheet/Application:

Business

- Most recent interim financial statements
- Annual financial statements (two years)
- Copy of the applicable open lot insurance policy

Personal

- Most recent interim financial statements
- Annual financial statements (two years)

If there are any questions, please give my office a call. I can be reached at extension 147, and Jermaine Rodriguez can be reached at 102.

LEGACY HOUSING, LTD. - LIFT DATA SHEET/APPLICATION

A separate LIFT Data Sheet/Application must be completed for each separate entity.

Company Info.

Company Name (including any dba): _____

Consignment Line - requested amount: \$ _____

- Corporation** – must include Articles of Incorporation or Certificate of Incorporation,
- Partnership** – must include Certificate of Partnership
- Sole Proprietor** – must include Tax Return (two years)

All LIFT Data Sheet/Applications MUST include the following:

- ___ Most recent interim financial statements – BOTH business AND personal
- ___ Annual financial statements (two years) - BOTH business AND personal
- ___ Copy of the applicable state license
- ___ Copy of the applicable open lot insurance policy

Name of Officer/Owner who will sign: _____

Title: _____

Lot Info.

If multiple locations, you must include a separate sheet for each location.

Physical Address of Lot: _____

County/Parish: _____ **State License #:** _____

Mailing Address of Lot: _____

Phone Number(s): _____ Fax Number: _____

Name of Person/Entity that owns the land: _____ **Phone #:** _____

Owner/Agent/Applicant Info.

Full Name (First, Middle, Last): _____

Driver's License Number: _____ Date of Birth: ___ / ___ / ___

Social Security Number: _____

Physical Address: _____

Mailing Address: _____

Phone Number(s): _____ Fax Number: _____

Alternative Numbers: _____ Email Address: _____

The facts set forth in my LIFT data sheet/application are true and complete. You are hereby authorized to make any investigation of (i) my personal history and (ii) my financial and credit record through any investigative or credit agencies/bureaus of your choice. In making this application, I authorized you to make an investigative report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted, and with any source of public or private information.

Owner's/Agent's/Applicant's Signature: _____

Return LIFT Data Sheet/Application via facsimile to 972-294-3765, Attn. Jeff Burt