

**DEL-ONE INDIRECT PARTICIPATION REQUEST**

Please complete the form below if you are interested in becoming a partner in our Indirect program.

Note: You must be a dealership that has been in business for the past five years and located in the state of Delaware to be eligible to join this program.

Please attach two full year's financial statements, a letter briefly explaining your interest in joining our program, and a copy of your current business insurance.

Dealership Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date Opened: \_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

Please send the completed form and all additional documents via mail or email to:

Hollie D. Fox  
Del-One  
Indirect Loan Officer  
270 Beiser Blvd  
Dover, DE 19904  
hollie.fox@del-one.org