



Texas Registration for Motor Vehicle Related Finance Company

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TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

General Information

Submit this registration form if you:

- are a sole owner, partnership, corporation or other organization; and
- want to register as a related finance company in which at least 80 percent of its ownership is identical to the ownership of the seller-financed dealer.

Note: The seller-financed dealer must have a dealer general distinguishing number (Dealer GDN) issued by the Texas Department of Motor Vehicles and an active seller-financed permit issued by the Comptroller's office. Registration is effective until cancelled. A registration fee is not required. Applicants should contact the Office of Consumer Credit Commissioner concerning a Motor Vehicle Dealer's Financing license.

For Assistance

If you have questions about the registration process, call 1-800-252-1382 Monday through Friday (except federal holidays), from 8:00 a.m. to 5:00 p.m.

Specific Information

- Item 1** – Sole owner – Enter the legal name of the person applying for the registration. Do not enter a "doing business as" (DBA) name in this space. Single Member Limited Liability Companies and sole owner corporations should skip to Item 4.
- Item 2** – Enter the SSN of the person applying for the permit. SSNs are obtained by the Comptroller's office for internal use only and are not made available to the general public. If the applicant does not have a SSN, do not enter a temporary or other number assigned by the IRS for use when filing federal income taxes.
- Item 3** – Enter the 11-digit taxpayer number assigned to the sole owner. Leave this field blank if the applicant has not previously registered with the Comptroller's office.
- Item 5** – Enter the legal name of the entity registering the Motor Vehicle Related Finance Company. Do not enter a DBA name in this space.
- Item 6** – If the applicant, partner or organization has registered for reporting any Texas state taxes (franchise, fuels, hotel, etc.) with the Comptroller's office, enter the 11-digit taxpayer number assigned to the account. Leave this field blank if the applicant has not previously registered with the Comptroller's office.
- Item 7** – Federal Employer Identification Numbers (FEIN) for reporting federal income taxes are issued by the Internal Revenue Service (IRS). If you need an FEIN, see the IRS website at www.irs.gov.
- Item 9** – Enter the address where you want your related finance company registration information to be mailed. Provide a complete mailing address, including building number and suite or apartment number, if applicable. If the mailing address is located outside of the United States, provide the mailing address used for postal delivery in the country where the information will be sent.
- Item 11** – File numbers are issued by the Texas Secretary of State (SOS) when the certificate of formation is filed to create the legal entity. Entities that are not registered with the SOS should leave this field blank. Entities that were legally formed in other states or countries may need to obtain an application for registration from the SOS to legally conduct business in Texas. For assistance with file numbers and for information on the requirements and how to obtain an application for registration, see the SOS website at www.sos.texas.gov.
- Item 13** – If the registrant is a corporation that has been involved in a merger within the last seven years, provide documentation of the transaction, such as a copy of the merger documents filed with the state of incorporation and/or a copy of the merger agreement.
- Item 14** – Limited partnerships and limited liability partnerships must provide a copy of their registration documentation filed with the state where the entity was legally created.
- Item 15** – Provide a Social Security Number (SSN) for all general partners, principal members/officers, managing directors, managers or trustees. If the general partner is a corporation, limited liability company or partnership, provide the FEIN assigned to the entity by the IRS, if applicable.



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• Please read instructions. • Type or print. • Do NOT write in shaded areas. Page 1

SOLE OWNER IDENTIFICATION

1. Name of sole owner (First name, middle initial and last name) _____

2. Social Security Number (SSN) _____ Check here if you DO NOT have a SSN.

3. Taxpayer number for reporting any Texas tax OR Texas Identification Number if you now have or have ever had one. _____

NON-SOLE OWNER IDENTIFICATION

--- All sole owners skip to Item 9. ---

4. Business organization type

<input type="checkbox"/> Profit Corporation (CT, CF)	<input type="checkbox"/> General Partnership (PB, PI)	<input type="checkbox"/> Business Trust (TF)
<input type="checkbox"/> Nonprofit Corporation (CN, CM)	<input type="checkbox"/> Professional Corporation (AP, AF)	<input type="checkbox"/> Trust (TR) <small>Please submit a copy of the trust agreement with this application.</small>
<input type="checkbox"/> Limited Liability Company (CL, CI)	<input type="checkbox"/> Business Association (AB, AC)	<input type="checkbox"/> Real Estate Investment Trust (TH, TI)
<input type="checkbox"/> Limited Partnership (PL, PF)	<input type="checkbox"/> Joint Venture (PV, PW)	<input type="checkbox"/> Joint Stock Company (ST, SF)
<input type="checkbox"/> Professional Corporation (CP, CU)	<input type="checkbox"/> Holding Company (HF)	<input type="checkbox"/> Estate (ES)
<input type="checkbox"/> Other (explain) _____		

5. Legal name of partnership, company, corporation, association, trust or other _____

6. Taxpayer number for reporting any Texas tax OR Texas Identification Number if you now have or have ever had one. _____

7. Federal Employer Identification Number (FEIN) assigned by the Internal Revenue Service 1 _____ - _____

8. Check here if you do not have an FEIN. 3 _____

BUSINESS INFORMATION

9. Mailing address
Street number, P.O. Box or rural route and box number _____

City _____ State/province _____ ZIP code _____ County (or country, if outside the U.S.) _____

10. Name of person to contact regarding day to day business operations _____ Daytime phone _____ - _____ - _____

If you are a SOLE OWNER, skip to Item 16.

TAXPAYER INFORMATION

11. If the business is a Texas profit corporation, nonprofit corporation, professional corporation or limited liability company, enter the file number issued by the Texas Secretary of State and date. File number _____ Month _____ Day _____ Year _____

12. If the business is a non-Texas profit corporation, nonprofit corporation, professional corporation or limited liability company, enter the state or country of incorporation, file number and date, Texas Certificate of Registration number and date.
State/country of inc. _____ File number _____ Month _____ Day _____ Year _____ Texas Certificate of Registration number _____ Month _____ Day _____ Year _____

13. If the business is a corporate entity, have you been involved in a merger within the last seven years? YES NO If "YES," attach a detailed explanation.

14. If the business is a limited partnership or registered limited liability partnership, enter the home state and registered identification number. _____

15. Enter information for all general partners, officers or managing members - Attach additional sheets, if necessary.
**If a general partner is an individual, enter the SSN of the individual.*

Name _____	Title _____	Phone (Area code and number) _____ - _____ - _____
Home address _____	City _____	State _____ ZIP code _____
*SSN or FEIN _____	Date of birth _____ Month Day Year	Percent of ownership _____ %
Position held: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Corporate stockholder <input type="checkbox"/> Record keeper	Driver license number _____	State _____ County (or country, if outside the U.S.) _____
Name _____	Title _____	Phone (Area code and number) _____ - _____ - _____
Home address _____	City _____	State _____ ZIP code _____
*SSN or FEIN _____	Date of birth _____ Month Day Year	Percent of ownership _____ %
Position held: <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Corporate stockholder <input type="checkbox"/> Record keeper	Driver license number _____	State _____ County (or country, if outside the U.S.) _____



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Legal name (Same as Item 1 OR Item 5)

16. Enter the date of the first business operation, or the date you plan to start such business operation. (Date cannot be more than 90 days in the future)

Month	Day	Year

17. Identify all motor vehicle seller-financed dealers in which at least 80 percent of the ownership is identical to you and from whom you intend to purchase accounts. Enter name and 11-digit Texas taxpayer number (as they appear on their seller-financed sales tax permit) and dealer general distinguishing number (GDN) issued by Texas Department of Motor Vehicles. (Attach additional sheets, if necessary.)

RELATED SELLER-FINANCED DEALERS

Name	Percentage of identical ownership	Dealer number (GDN)	Texas taxpayer number
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/>

18. I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

Type or print name	Title
<input type="text"/>	<input type="text"/>

sign here	Date
<input type="text"/>	<input type="text"/>

WARNING. You may be required to obtain an additional permit or license from the state of Texas or from a local governmental entity to conduct business. A list of links relating to acquiring licenses, permits and registrations from the state of Texas is available online at www.Texas.gov. You may also want to contact the municipality and county in which you will conduct business to determine any local governmental requirements.

Additional Instructions

Sign and date the registration form. Mail the completed registration to our office at:

Texas Comptroller of Public Accounts
111 E. 17th Street
Austin, TX 78774-0100

The registration is effective when the properly completed registration form is received, and remains active until cancelled.

You will receive your confirmation letter approximately four weeks after we receive your completed and signed registration form.

FEDERAL PRIVACY ACT - Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.