

FUNDING CHECK LIST



Mail Completed Packet*Original Documents to:
4592 Ulmerton Rd. Suite #200
Clearwater, FL 33762

DEALER:	CUSTOMER:
Application ID #:	Vehicle VIN (Last 6):

- ☐ CALL BACK
- ☐ MAF GAP POLICY DISCLOSURE *(Signed by both Customer & Dealer)*
- ☐ DEVICE DISCLOSURE *(Signed by Both Customer & Dealer)*
- ☐ ORIGINAL CONTRACT *(Assigned to MAF) (Signed by Both Customer & Dealer)*
- ☐ CREDIT APPLICATION *(Signed by Customer)*
- ☐ BUYERS ORDER *(Signed by Customer)*
- ☐ TITLE APPLICATION IN MAF *(Assigned to MidAtlantic Finance)*
- ☐ ODOMETER STATEMENT *(Must List True Mileage, Signed by Both Customer & Dealer)*
- ☐ CUSTOMER REFERENCES *(3 References with Phone Numbers)*
- ☐ CO-SIGNER NOTICE *(If Cosigner on Contract)*
- ☐ ACH/ AUTOMATIC DEBIT ACCOUNTS *(If Applicable)*
- ☐ WARRANTY STATEMENT *(If on Contract)*
- ☐ AGREEMENT TO PROVIDE INSURANCE
- ☐ DRIVERS LICENSE *(Must be Valid) (Required for Co-signer as well)*
- ☐ INSURANCE DECLARATION PAGE *(Maximum \$500 Deductible)*
- ☐ PROOF OF RESIDENCE *(Utility bill preferred) (Required for Cosigner)*
- ☐ PROOF OF INCOME *(Paycheck stub) (Required for Cosigner as well)*
- ☐ 3 MONTHS OF BANK STATEMENTS *(Self-Employed, Job Letter or Requested)*

****It is critical that all applicable documents are received as listed in order to guarantee faster and quality validation of deals. Errors in documents or missing/incomplete documents will result in funding delays.***