

Mailing Address:  
PO Box 7876  
Madison, WI  
53707-7876



Courier Address:  
4822 Madison Yards Way  
North Tower  
Madison, WI 53705

Department of Financial Institutions

Telephone: (608) 261-7578  
Fax: (608) 267-6889

[dfi.wi.gov](http://dfi.wi.gov)

**SUPPLEMENTAL  
SALES FINANCE COMPANY  
APPLICATION QUESTIONS**

**Purpose:** A completed Supplemental Sales Finance Company Application Questions form must be submitted to the Department of Financial Institutions – Division of Banking for consideration of licensure.

**Notice:** This form is required under Sections 218.0101 to 218.0163, Wisconsin Statutes. Refusal to provide this information may result in the denial of a license. Failure to complete this application completely and accurately may result in denial or revocation of license, and any other penalties as provided by law. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Applicant Name. The “applicant” is the corporation, limited liability company, limited partnership, partnership, or sole proprietorship that is applying for the license. If the applicant uses a trade name or DBA (doing business as) name, include that as well.

2. Indicate if the applicant will be acquiring contracts and/or consumer leases from Wisconsin dealerships.

Contracts ☐ Consumer Leases ☐ Both ☐

3. Identify the types of Wisconsin dealerships from which the applicant will be acquiring contracts and/or consumer leases.

Motor Vehicle ☐ Recreational Vehicle ☐ Motorcycle ☐

4. Will the applicant retain and service the contracts and consumer leases it acquires from Wisconsin motor vehicle, recreational vehicle and/or motorcycle dealers?

Yes ☐ No ☐

If no, explain what will happen to the contracts and consumer leases after the applicant acquires them.

**AFFIDAVIT**

I, \_\_\_\_\_, the undersigned, am employed by, or am an officer or a control person of,  
(Print Name)

\_\_\_\_\_. I certify that I have reviewed the  
(Name of Applicant)

foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge.

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Name of Witness) (Signature of Witness)