



FUNDING LOG COVER SHEET

Phone 866.866.1331

P.O. Box 1197 • Evansville, IN 47706

SECTION A – DEALER INFORMATION

Company Name _____ Dealer ID Number _____

Owner’s Full Name (Last, First, Middle) _____

Phone _____ Fax _____

Date _____

SECTION B – INSTRUCTIONS TO RECEIVE FUNDING

FULLY COMPLETE THE NECESSARY INFORMATION ON THE CHART BELOW FOR EACH “CONTRACT” THAT NEEDS TO BE FUNDED. THE FOLLOWING ITEMS FOR EACH CONTRACT MUST BE MAILED ALONG WITH THIS SHEET TO ADDRESS LISTED BELOW.

- ✓ **Signed “Residential Credit Application” - Original**
- ✓ **Signed “Installment Contract w/ Notice of Cancellation” – Original**
- ✓ **Signed “Certificate of Completion” – Original**
- ✓ **Copy of the Dealer’s Proposal to Homeowner**

MAILING ADDRESS: CFS FUNDING DEPARTMENT
 P.O. Box 1197
 Evansville, IN 47706-1197

SECTION C – FUNDING CHECKLIST

Contracts will not be funded unless accompanied with all the required documents.

	Customer Name	Account #	Amount of Sale	Transaction Date	Completion Date	Finance Plan 90/180/360
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						