

MOBILITY DEALER INFORMATION SHEET

In connection with the execution of that certain Mobility Dealer Consignment Agreement between you ("Mobility Dealer") and BILL KAY'S TEMPE DODGE, INC., an Arizona corporation ("Tempe Dodge"), BILL KAY FORD, INC., an Illinois corporation ("Bill Kay Ford"), and Bill Kay Oldsmobile, Inc. d/b/a BILL KAY HONDA, INC., an Illinois corporation ("Bill Kay Honda"), please complete the following information:

A. Legal Name of Mobility Dealer: _____

B. D/B/A (if any): _____

C. Contact Name: _____ Title: _____

D. Business Address(es): _____

Phone Number: (____) _____ Fax Number: (____) _____

E. State of Incorporation/Organization: _____

Date of Incorporation/Organization: _____

F. State Organizational ID Number: _____ FEIN: _____

G. Accounting Email Address: _____

H. Sales Contact Email Address: _____

I. Website Address: _____

J. Names and Addresses of Secured Creditors:

Collateral Description: _____ Collateral Description: _____

Collateral Description: _____ Collateral Description: _____

(if additional secured creditors, please list out on a separate page and attach hereto)

Prepared by: _____ Date: _____

Please fax completed sheet back to: Tempe Mobility - Fax Number: (480) 496-6478