



DEALERSHIP INFORMATION FORM

DEALER

Dealer Name: _____
DBA _____ *Corporate Name* _____

Address: _____
Street Address _____

_____ *City* _____ *State* _____ *ZIP Code* _____

Main Phone: () _____ Fax: () _____

E-mail Address: _____

Federal Tax ID # or SSN: _____

Structure

Owner: _____ Controller: _____

GM: _____ F&I Mgr: _____

Funding fax () _____ Decision fax () _____

Funding Contact Person _____ Send Reserve Statement to: _____

Dealer Principal

Name _____ Home phone #: _____

Cell# _____ Email: _____

Home address _____
