



DEALER SIGN-UP QUESTIONNAIRE

DEALERSHIP NAME _____

ADDRESS _____

1. How many years has the dealership been in business with the current owners? _____

2. Credit Life/Accidental & Health companies (phone # and primary contact) :

3. Is the current location leased or owned? If leased who is landlord and what their contact information?

4. Current other banking reference(s) (phone # and primary contact):

5. Current Floor Plan lender(s) (phone # and primary contact) :

6. Current Sub-prime and Prime retail lenders (phone # and primary contact) :

7. Service Plan provider(s) (phone # and primary contact) :

8. Name of GAP Provider(s) (phone # and primary contact) :

9. Credit Life/Accidental & Health companies (phone # and primary contact) :

10. Where are repairs done to your inventory? (phone # and primary contact) :

I authorize that all the information provided is true and up-to-date

Dealer Principal Signature _____ Date_____