

# DEALER INFORMATION PAGE

For franchises with multiple dealerships, please fill out a separate DEALER INFORMATION PROFILE for each rooftop

Non-Franchise     Franchise/Dealer Group: \_\_\_\_\_

Dealership: \_\_\_\_\_

DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Website URL: \_\_\_\_\_

Billing/Invoicing Contact Name: \_\_\_\_\_

Billing/Invoicing Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DEALERSHIP PERSONNEL:**

Title:	First Name:	Last Name:	Email:
Dealer Principal			
General Manager			
Sales Manager			
Service Manager			
F&I Manager			
Office Manager			
Primary Contact			

**ADDITIONAL NOTES:**

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