

Dealer Information Sheet Sign Up



*Legal Name: _____ *Physical Address: _____
Group Name: _____
*Dealership DBA: _____ *City: _____
Dealer Principal: _____ *State: _____ *Zip: _____
Controller: _____ *Mailing Address (if different): _____
Office Manager: _____
Phone Number: _____ City: _____
Fax Number: _____ State: _____ Zip: _____
Tax ID Number: _____

***Name and Title of Person Signing Agreements:**

General Manager: _____ Programming: _____
Sales Manager: _____ Website Address (if available): _____
F&I Director: _____
Service Manager: _____

Primary Contact Person:

Agency: _____ Phone: _____
Dealership: _____ Phone: _____

Please send agreements to: AGENT** _____ DEALERSHIP _____
Please send supplies to: AGENT** _____ DEALERSHIP _____

***If to Agent, Please Provide Name, Mailing Address, and Phone Number.**
Name: _____
Address: _____
Phone: _____

*Effective Date: _____ Installation Date: _____
Rep/Agent: _____ StayNu Policy Number: _____

FAX COMPLETED SHEET TO: 770.326.9935
AutoXcel Corporation