

# 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: \_\_\_\_\_

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\*Effective Date: \_\_\_\_\_ Installation Date: \_\_\_\_\_  
Rep/Agent: \_\_\_\_\_ StayNu Policy Number: \_\_\_\_\_

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**FAX COMPLETED SHEET TO: 770.326.9935**  
AutoXcel Corporation