

## DEALER SIGN-UP FORM

**DEALER NUMBER** \_\_\_\_\_

**Date:** \_\_\_\_\_

Dealer Name:		
Address:		
City:	State:	Zip:
Phone: ( )	Fax ( )	
Contact:		
Dealership E-mail Address:		
Dealership Website Address:		
DMS (Dealer Management System):		
MIS Contact (Computer Guy):		
MIS Phone:		
QCPDays (Quick Coverage Period):		
Body Shop at dealership?	Yes ( )	No ( )
Fax Confirmation to Dealer?	Yes ( )	No ( )
SEND BILLING ATTN:		
Special Instructions:		
<b>INSTALLATION CHECK LIST</b>		
Dealer Procedures	( )	
Enrollment Forms	( )	
Deposit Fee Schedule	( )	
Cancellation Forms	( )	

Producer	Producer Number
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