

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