

NEW DEALERSHIP SETUP FORM

1 DEALERSHIP INFORMATION

Dealership Group _____ **Dealership Name** _____
Tax ID Number _____ **DBA** _____
Address (Physical) _____ **City** _____ **State** _____ **Zip** _____
Address (Billing) _____ **City** _____ **State** _____ **Zip** _____
Phone# _____ **Fax#** _____

Installation Date _____ **Menu System** _____ **DMS** _____
Website _____ **eContracting via** **MENU** **PORTAL**

MOST FREQUENTLY USED LENDERS

2 DEALERSHIP PERSONNEL

TITLE	NAME	EXT#	EMAIL ADDRESS
Dealer Principal			
Primary Contact			
General Manager			
Service Manager			
Sales Manager			
Business Manager			
F&I Director			
F&I Manager			
Office Manager <i>(For Remittance)</i>			
Accounts Receivable <i>(For Claim Payments)</i>			

3 AGENCY INFORMATION

Agency Name _____ **Phone#** _____
Agent Rep Name _____ **Phone#** _____ **Email** _____

TITLE	NAME	EXT#	EMAIL ADDRESS
Service Manager(s)			
Warranty Specialist			
Service Advisor(s)			
Service Advisor(s)			
Service Advisor(s)			
Service Advisor(s)			
Service Advisor(s)			
Service Advisor(s)			

Preferred Claims Payment CHECK CREDIT CARD

1. Warranty Labor Rate for Mechanical Claims *(if applicable)* _____

2. Tire Installation Labor Costs? _____

- Tire Tax Costs? _____
- Wheel Weights? _____
- Disposal Costs? _____

3. Tire Repair Cost; Patch or Plug Repairs? _____

4. Who/What company is currently being used for Wheel Repair? _____

- Current Wheel Repair Pricing? _____
 - 1. Painted Wheel Repair? _____
 - 2. Machined Wheel Repair? _____
 - 3. Cracked Wheel Repair? _____
 - 4. Bent Wheel Repair? _____

5. Do you prefer that AutoXcel uses this vendor or are you open to other vendors? YES NO OTHER VENDOR _____

15TH OF EVERY MONTH
 LAST DAY OF THE MONTH
(Please check one)

CHECK DIRECT DEPOSIT
(Please check one)

Examples ▶

OCTOBER CONTRACTS

received from November 1st-30th *(last day of month)*
 will be paid on the 15th of the following month *(December 15th)*

OCTOBER CONTRACTS

received from November 11th-December 10th
 will be paid on the last day of the month *(December 31st)*

DEALER ACCOUNTING CHECKLIST

RATE CARDS

What **Programs** provided at time of deal closing? _____

W9s Provided? YES NO

Dealer Preferred Remittance Method: CHECK ACH

*THERE IS A 90 DAY/3 MONTH
REMITTANCE CYCLE BY CHECK
BEFORE GETTING ACH.*

PAYMENT DETAILS FOR SETUP (OFFICE USE ONLY)

DEALER PACKS _____

F&I PACKS _____

PAYMENT DETAILS FOR DEALER PACKS AND F&I PRODUCTS

PRODUCT	TOTAL MARKUP	DEALER PACK	F&I PACK (COMMISSION)	OTHER
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

SPECIAL INSTRUCTIONS ADDITIONAL INFORMATION

Submitted by (REM) _____

Date _____ Region _____