AutoXcel®
Your F&I Provider

NEW DEALERSHIP SETUP
PRODUCT ADD OR PRODUCT CHANGE FORM

☐ New Dealer Setup
☐ Product Add
☐ Product Change

1 AGENCY INFORMATION

Agent ID _____

Agent Rep Name _____ Phone# _____ Email _____

2 DEALERSHIP INFORMATION

Dealer ID _____

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

- ☐ Chrysler Capital (CC)
- ☐ Mazda Financial Services (MFS) + Mobilty One Financial
- ☐ Toyota Financial Services (TFS) (*including* Lexus)
- ☐ Nissan Motor Acceptance Corp. (NMAC) (Nissan/Infiniti)
- ☐ Santander Consumer USA (SCUSA)
- ☐ Stellantis Financial Services (SFS)
- ☐ GM Financial & Americredit Financial (GMF)
- ☐ Hyundai Capital America, Genesis Finance & Kia Finance (HCA)
- ☐ American Honda Fin. Corp. & Acura Financial Services (AHFC)
- ☐ Capital One
- ☐ Volkswagen Credit (VW/Audi Lease)
- ☐ Ford Motor Credit Company (FMCC)
- ☐ Ally
- ☐ Chase
- ☐ Wells Fargo Auto (VW/Audi Retail)
- ☐ TD Auto Finance (TD Bank)
- ☐ Credit Acceptance Corp
- ☐ Other

3 DEALERSHIP PERSONNEL

TITLE	NAME	EXT#	EMAIL ADDRESS	DAP YES	DAP NO
Dealer Principal				☐	☐
Primary Contact				☐	☐
General Manager				☐	☐
Service Manager				☐	☐
Sales Manager				☐	☐
Business Manager				☐	☐
F&I Director				☐	☐
F&I Manager				☐	☐
Office Manager *(For Remittance)*				☐	☐
Accounts Receivable *(For Claim Payments)*				☐	☐
Office Person *(For Cancellations)*				☐	☐

4 SERVICE DEPARTMENT & CLAIMS INFORMATION

TITLE	NAME	EXT#	EMAIL ADDRESS	DAP YES	DAP NO
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 _____

DEALER ACCOUNTING CHECKLIST

W9s Provided? YES ☐ NO ☐ | Dealer Preferred Remittance Method: CHECK ☐ ACH ☐

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

PRODUCT DETAILS FOR SETUP - *We must have valid W-9 for any payee.*

PRODUCT	AGENT COMMISSION	DEALER PACK 1	DEALER PACK 2	DEALER PACK 3	DEALER PACK 4
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE

PRODUCT DETAILS FOR SETUP - *We must have valid W-9 for any payee.*

PRODUCT	AGENT COMMISSION	DEALER PACK 1	DEALER PACK 2	DEALER PACK 3	DEALER PACK 4
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE
	$	$ PAYEE	$ PAYEE	$ PAYEE	$ PAYEE

SPECIAL INSTRUCTIONS *ADDITONAL INFORMATION*

Submitted by _____

Date _____ **Region** _____