

DEALER REGISTRATION APPLICATION

Company Information

Name of Dealership: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

DMV Dealer License Number: _____ Expiration Date: _____

Federal Tax ID # or SSN: _____ Years in Business: _____

Business Type: _____ Corporation _____ Sole Proprietorship _____ Partnership _____ LLC

Sales Type (check one): _____ New _____ Used _____ Wholesale _____ Bank _____ Lease

Franchises Owned: _____

Dealer Principal Information

OWNER 1

Name: _____

Home Address: _____

Phone: _____ Cell: _____

Email: _____

Driver's Lic. #: _____

Title: _____

OWNER 2

Name: _____

Home Address: _____

Phone: _____ Cell: _____

E-Mail: _____

Driver's Lic #: _____

Title: _____

Dealership Name: _____

Authorized by: _____
Print Name

_____ *Title*

_____ *Signature*

_____ *Date*