

# 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*