

Dealer Set-Up Form

Dealer Name: _____

- Franchise
- Independent

If franchise, please list makes: _____

Fed Tax ID No: _____

Route One ID No: _____

Dealer Address: _____

Main Telephone: (_____) _____ - _____

E-mail: _____

Callback Contact Name: _____

Additional Contact Name: _____

Point of Contact Telephone No: (____) _____ - _____

Current DMS Provider: _____

Preferred method of contact:

_____ Fax (please provide fax number) _____

_____ E-mail

_____ Text (please provide text number or method) _____