

# DEALER PROFILE FORM

DEALER INFORMATION		
Dealership Name (please include legal name and d.b.a. if applicable)		
Associated Dealer Group		
Address		
City	State	ZIP
Phone	Facsimile	TIN
Franchise(s)		

CONTACT INFORMATION		
NAME	PHONE NUMBER (INCLUDE EXTENSION)	EMAIL ADDRESS
Owner		
General Manager		
Sales Manager		
F&I Manager		
F&I Manager		
Office Manager		
<b>EMAIL ADDRESS FOR GENERAL REPORTS*</b>		

*\*Please supply an email where monthly business reports should be sent. The email address should link to a permanent mailbox that is appropriate for receiving confidential information (e.g. the office manager's email address).*

SERVICE DEPARTMENT INFORMATION (Required for VSC & LTPT enrollments)		
Customer Pay Labor Rate	Warranty Labor Rate	Tax Rate
Repair Manual <input type="checkbox"/> Alldata <input type="checkbox"/> Mitchell <input type="checkbox"/> Motor <input type="checkbox"/> Factory	Tow Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Director	Phone	Email
Alternate Service Contact	Phone	Email
Cashier	Phone	Email
Special Instructions		

MISCELLANEOUS INFORMATION			
DX1 Key Number	_____		
Light Speed Number	_____		
VSC Administrator	PDS	Classic	CAP