

DEALERSHIP NAME: _____ DBA: _____ Address: _____ City, State, ZIP: _____ Phone Number: _____ Fax Number: _____ Date Dealer will begin selling contracts: _____	STATE DIN: _____ PAC ASSIGNED DN: _____ <input type="radio"/> Franchise <input type="radio"/> Non Franchise
--	--

Complete W-9 Form & Attach (REQUIRED)

PROGRAMS:

<input type="radio"/> Prime Program	<input type="radio"/> Assured Program	<input type="radio"/> Guaranteed Asset Protection	<input type="radio"/> Appearance Package	<input type="radio"/> Paintless Dent Repair
<input type="radio"/> Vision Program	<input type="radio"/> Basic Program	<input type="radio"/> Key Replacement	<input type="radio"/> Lease Wear/Tear	<input type="radio"/> Bundled Ancillary Products
<input type="radio"/> 5/100 Program	<input type="radio"/> CORE Limited Warranty	<input type="radio"/> Windshield	<input type="radio"/> Tire and Wheel	

Dealership Personnel

TITLE:	NAME:	E-MAIL:
Dealer Principal	_____	_____
Owner	_____	_____
General Manager	_____	_____
F&I Manager	_____	_____
Office Manager	_____	_____
Service Manager	_____	_____

DEALER GROUP INFORMATION:

Dealership Name: _____ Dealership Name: _____ Dealership Name: _____	LABOR RATE: _____ _____ _____
--	---

Prime Auto Care Agent Information

AGENCY NAME (REQUIRED): _____
E-MAIL Address: _____
 Representative: _____
 Agency Phone: _____
 Cell Phone: _____

Special Instructions

