



DEALER/SELLER PROFILE

Date Dealer # (Safe-Guard use only)

Safe-Guard Representative Name Representative #

DEALER INFORMATION

Dealer/Seller Name Independent Franchise

Federal ID # Franchise Types:

Address City State ZIP

Phone Number FAX Number

Email Website URL

PERSONNEL INFORMATION

Dealer Principal General Manager

F&I Manager Business Office Manager

General Sales Manager Service Manager

PRODUCT INFORMATION

Send Dealer Kick-off Kit? To Dealer To Agent Other (Please specify below):

Attention Phone Number

Address City State ZIP

THE FORM NUMBER FOR EACH PRODUCT KICK-OFF MUST BE LISTED BELOW IN ORDER FOR THE REQUEST TO BE FULFILLED

Product/Coverage Form #

Product/Coverage Form #

Product/Coverage Form #

Product/Coverage Form #

LENDER/BANK INFORMATION

Lender/Bank Contact Phone

Lender/Bank Contact Phone

COMMENTS/COSTS/SPECIAL INSTRUCTIONS