



Date \_\_\_\_\_ Dealer # (Safe-Guard use only) \_\_\_\_\_

Safe-Guard Representative Name \_\_\_\_\_ Representative # \_\_\_\_\_

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## DEALER INFORMATION

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Dealer/Seller Name \_\_\_\_\_  Independent  Franchise

Federal ID # \_\_\_\_\_ Franchise Types: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_ Website URL \_\_\_\_\_

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## PERSONNEL INFORMATION

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Dealer Principal \_\_\_\_\_ General Manager \_\_\_\_\_

F&I Manager \_\_\_\_\_ Business Office Manager \_\_\_\_\_

General Sales Manager \_\_\_\_\_ Service Manager \_\_\_\_\_

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## PRODUCT INFORMATION

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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 # \_\_\_\_\_

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## LENDER/BANK INFORMATION

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Lender/Bank \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Lender/Bank \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

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## COMMENTS / COSTS / SPECIAL INSTRUCTIONS

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