

## Dealer Details Form

### Dealership

Legal Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Time Zone: \_\_\_\_\_

Store Phone Number: \_\_\_\_\_ Area Code: \_\_\_\_\_

General Email Address: \_\_\_\_\_

Shift Dealer?  Yes  No

### Hours of Operation

*Please insert time open to time close.*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

### How did you hear from us?

Social Media  YouTube  Website  Direct Mail  Referral  Other

If referral, whom can we thank? \_\_\_\_\_

Other: \_\_\_\_\_

### Owner

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Active in Day-to-Day Operations? \_\_\_\_\_



**General Manager**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Decision Maker? \_\_\_\_\_ Check Signer? \_\_\_\_\_

**General Sales Manager**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**VIP Manager**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Invoices to be provided to**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

