



Dealer Questionnaire (KLA Rev. 11/01/13)

A. Dealership Name: _____ Years in Business: _____
DBA: _____
Physical Address: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Phone: _____
Primary Credit Fax: _____ Secondary Credit Fax: _____
Accounting Fax: _____ Email(s): _____

B. Corporation () Partnership () Limited Liability Company ()
Registered Limited Liability Partnership () Sole Proprietorship ()

C. Principles: _____
General Manager: _____
General Sales Manager: _____
Finance Director: _____
Finance Manager: _____

D. Dealer License #: _____ E. D&B Number: _____

F. Franchised () Franchises: _____ Non-Franchised ()
Floor Plan Holder: _____ Phone: _____ Contact: _____

G. Are you a used car lot for a particular dealer? Yes () No () If yes, who? _____

H. Loan application system (please circle): Route One (ID# _____) DealerTrack (ID# _____)

I. Number of Units Sold in past 12mo.: _____ Signed with Min. 2 National Lenders: Yes/No
Existing Relationship with client Credit Unions: Yes/No Dealer Association Membership: Yes/No

A. GAP Provider: _____ Phone: _____ Contact: _____

B. LA&H Provider: _____ Phone: _____ Contact: _____

C. Warranty Provider: _____ Phone: _____ Contact: _____

Document Checklist:

- Dealer Questionnaire ()
 - Dealer Agreement ()
 - Authorization Agreement for Automatic Credits/Debits ()
 - Red Flag Policy ()
 - Credit Disclosure Statement ()
 - Fax Funding Addendum ()
 - GAP Agreement ()
 - Member Auto Center ()
 - Dealer Rewards ()
 - Bank and Dealer License ()
- KLA: CEO Approve Dealer List CU and KLA.com Fax List Sent to CUAC Verify CUAC/KLA on DT/Rt1

KLA Representative: _____ Date: _____