



Dealer Questionnaire

A. Dealership Name: _____
 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. Franchised () Franchises: _____ Non-Franchised ()

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

G. D&B Number, if available: _____

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

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

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

Document Checklist:

- A. Dealer Questionnaire ()
- B. Dealer Agreement ()
- C. Corporate Resolution/Authorized Signers ()
- D. Authorization Agreement for Automatic Credits/Debits ()
- E. DMV License ()
- F. Banking License ()

KLA Representative: _____ Date: _____