Dealer Questionnaire (KLA Rev. 01/29/25)

A. Dealership Name: _____ Years in Business: _____

DBA:_____ Phone: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Primary Credit Fax: _____ Secondary Credit Fax: _____

Accounting Fax: _____ Email(s): _____

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

C. Principals: _____

		Decision Emails:	Funding Emails:
General Manager: _____	Email: _____		
General Sales Mgr: _____	Email: _____	☐	☐
Office Manager: _____	Email: _____	☐	☐
Finance Director: _____	Email: _____	☐	☐
Finance Manager: _____	Email: _____	☐	☐
Finance Manager: _____	Email: _____	☐	☐

Reserve Emails Recipient(s): _____

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: ☐ 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: _____
_____ Phone: _____ Contact: _____

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

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

Document Checklist:

A. Dealer Questionnaire ( )
B. Dealer Agreement ( )
C. Authorization Agreement for Automatic Credits/Debits ( )
D. Red Flag Policy ( )
E. Credit Disclosure Statement ( )
F. DL4 Document Upload for Funding ( )
G. GAP Agreement ( )
H. Member Auto Center ( )
I. Dealer Rewards ( )
J. 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 Sales Representative: _____ Date: _____ Region:_____