



# Retailer Information

_____ DBA _____		_____	
Corporate Name		Advertised or Assumed Name	
_____		_____	_____
Store Location (Physical Street Address)		City	State      Zip Code
_____	_____	_____	_____
Corp Type	Date Organized	FEIN/Tax ID #	Main Phone      Fax
_____	_____	_____	_____
Menu Provider	Management Software(DMS)	Retailer Group Name	Initial Retailer Fee Level
_____	_____	_____	_____
ZERO Plan® Agent Name	ZERO Plan® Agency	Agent Phone	Retailer Type
_____	_____	_____	_____

## Officers(Pres, VP, Sec), Members, Senior Management (CFO,GM, F&I Director)

Title	Name	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

## F&I Managers(At Least One Name Required)

Name	Email Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<b>Important Contacts:</b>	Name	Email Address
<b>Office Manager:</b>	_____	_____
<b>Funding Checks:</b>	_____	_____
<b>Cancellation Requests:</b>	_____	_____
<b>Save-A-Deal Attention:</b>	_____	_____

## Products to be Financed with The ZERO Plan

Provider/Administrator	Product	Dealer Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>ZERO Plan FormsBuilder:</b>	<input type="checkbox"/> Basic Forms Origination <input type="checkbox"/> Other Forms Provider _____
	<input type="checkbox"/> Add E-Rate & E-Contract Financed Products to Basic function.