



Retailer Information

_____ DBA _____			
Corporate Name		Advertised or Assumed Name	
_____	_____	_____	_____
Store Location (Physical Street Address)	City	State	Zip Code
_____	_____	_____	_____
Preferred Mailing Address (if different than above)	City	State	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____
Corp Type	Date Organized	FEIN/Tax ID #	Main Phone
_____	_____	_____	_____
_____	_____	_____	_____
ZERO Plan® Agent Name	ZERO Plan® Agency	Agent Phone	
_____	_____	_____	

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

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

F&I Managers

Name	Email Address
_____	_____
_____	_____
_____	_____

Important Contacts:

	Name	Email Address
Office Manager:	_____	_____
Funding Checks:	_____	_____
Cancellation Requests:	_____	_____
Save-A-Deal Attention:	_____	_____

Products to Be Financed Using The ZERO Plan®

Provider/Administrator	Product	Form #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Forms Origination: ZERO Plan Express: Contact Person _____