



Retailer Information

_____		_____	
Corporate Name		DBA	
_____		_____	
Store Location (Physical Street Address)		City	State
_____		_____	_____
Preferred Mailing Address (if different than above)		City	State
_____		_____	_____
_____	_____	_____	_____
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:	<input type="checkbox"/> ZERO Plan Express: Contact Person _____
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