



# DEALER INFORMATION FORM

Dealer #  
*For Safe-Guard Use only*

Date

Safe-Guard Representative Name Representative #

## DEALER INFORMATION

Dealer Name Federal ID #

Address

City State ZIP Code

Phone Number FAX Number

Email Website URL

## PERSONNEL INFORMATION

Dealer Principal General Manager

Business Manager Service Manager

F&I Manager Other F&I

## PRODUCT INFORMATION

Send Dealer Kick-off Kit?  To Dealer  To Agent  Other (Please specify below):

Attention Phone Number

Address City State ZIP Code

**THE FORM NUMBER FOR EACH PRODUCT KICK-OFF MUST BE LISTED BELOW IN ORDER FOR THE REQUEST TO BE FULFILLED**

Product/Coverage Form #

Product/Coverage Form #

Product/Coverage Form #

Product/Coverage Form #

Product/Coverage Form #

## COMMENTS/COSTS/SPECIAL INSTRUCTIONS