

Agent of Record: _____

NEW DEALER REGISTRATION SHEET (Exhibit A)

DEALER INFO

Dealer Name:		
Billing Address:		
City:	State:	Zip Code:
Dealer Contact's Name:		Contact's Position:
Contact's Phone:	Contact's Fax:	Contact's Email:
Back Office Contact's Name:		Back Office Phone Number:

SHIPPING ADDRESS - IF DIFFERENT

Shipping Address:		
City:	State:	Zip Code:

Xzilon Products Offered	XPM	X4	Xzilon+	'Xzilon
Dealer Remittance Product Fee				
Menu System Dealer is Currently Using:			Other:	

Current Vender List - *Must Complete!*

PDR Company Name:	Contact Name:	Phone Number:
Alloy Wheel Repair Company Name:	Contact Name:	Phone Number:
Windshield Repair Company Name:	Contact Name:	Phone Number:
Interior Repair Company Name:	Contact Name:	Phone Number:
Detail Company Name:	Contact Name:	Phone Number:

Dealer Finance Mgr. Contact - *Must Complete!*

Full Name:	Email Address:
1)	
2)	
3)	
4)	
5)	
6)	

Initial Order Placed: X-bulk1a X-bulk1 X-bulk2 X-bulk3 X-bulk4