

Franchise Dealer Profile

Dealership Legal Name Dealership DBA name Dealership Name (as it appears in Retail Installment Contract)	Address	Main Phone	
Dealership Website	Electronic Vendor Dealertrack ID	RouteOne <input type="checkbox"/> YES <input type="checkbox"/> NO	Route One ID
Primary Collateral Evaluation Software: <input type="checkbox"/> KBB <input type="checkbox"/> NADA	F & I FAX	Business Office Fax	
Federal Tax Identification Number (TIN)	The state in which Dealership filed Articles of Incorporation (or LLC):		

Only New Car Manufacturers that Dealer Represents

1	
2	
3	
4	
5	

*If the authorized signer has a preferred name or nickname, identify these names in the [Dealer Profile](#), to be updated in DIS. See [Sales P&P](#) for variations and examples.

Dealer Principal Information

Dealer Principal # 1 <input type="checkbox"/> Checked GSMOS (DCaRS Only)	Name* Preferred Name/Nickname		Email Address	Date of Birth
	Last 4 digit of SSN	% of ownership	Residential Address	
Dealer Principal # 2 <input type="checkbox"/> Checked GSMOS (DCaRS Only)	Name* Preferred Name/Nickname		Email Address	Date of Birth
	Last 4 digit of SSN	% of ownership	Residential Address	
Dealer Principal # 3 <input type="checkbox"/> Checked GSMOS (DCaRS Only)	Name* Preferred Name/Nickname		Email Address	Date of Birth
	Last 4 digit of SSN	% of ownership	Residential Address	

Dealer Principal # 4 <input type="checkbox"/> Checked GSMOS (DCaRS Only)	Name* Preferred Name/Nickname		Email Address	Date of Birth
	Last 4 digit of SSN	% of ownership	Residential Address	
Dealer Principal # 5 <input type="checkbox"/> Checked GSMOS (DCaRS Only)	Name* Preferred Name/Nickname		Email Address	Date of Birth
	Last 4 digit of SSN	% of ownership	Residential Address	

Dealership Staff Information				
Title	Name	Preferred Name or Nickname	Email Address	Preferred Method of Communication
Corporate Officer				
Corporate Officer				
Corporate Officer				
Controller				
F&I Director				
F&I Manager(s)				
GM				
GSM				
Office Manager				
Title Clerk				
Parts Manager				
Aftermarket Recovery Contract				
Service Manager				
Post Sale Contact				
Aftermarket Cancellation Contact Phone		Aftermarket Cancellation Contact Fax		

Note: Proof of Corporate officer required (include copies of documentation in dealer sign-up package).

Production Information		
Average Sales per Month - New Cars		Average Sales per Month - Used Cars
Life Accident and Health Provider	GAP Provider	Service Contract Provider
Reminder: List the aftermarket products sold at the dealership using form (OF-611)		

Present Financial Institution	
Name	
Landlord or Mortgage Holder	
Name	
Floor Plan	
Company Name	Contact Name and Phone

I understand that by providing the fax number(s) above or any other fax number(s) that I provide in the future, on behalf of the dealership, that said dealership consents to receive advertising faxes (including rate sheets) sent by or on behalf of Wells Fargo Auto.

Dealer Principal or Corporate Officer Print Name

Dealer Principal or Corporate Officer Signature

Date

Dealer Principal or Corporate Officer Print Name

Dealer Principal or Corporate Officer Signature

Date

Dealer Principal or Corporate Officer Print Name

Dealer Principal or Corporate Officer Signature

Date

Dealer Principal or Corporate Officer Print Name

Dealer Principal or Corporate Officer Signature

Date

Dealer Principal or Corporate Officer Print Name

Dealer Principal or Corporate Officer Signature

Date