

Independent Dealer Profile

Dealership Legal Name	Address		Main Phone
Dealership DBA Name			
Dealership Name (as it appears in Retail Installment Contract)			
Dealership Website	Electronic Vendor Dealertrack ID	RouteOne <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RouteOne ID
Federal Tax Identification (TIN) Number	Primary Collateral Evaluation Software: <input type="checkbox"/> KBB <input type="checkbox"/> NADA	F&I FAX	Business Office Fax
State in which Dealership filed Articles of Incorporation (or LLC)	How Long in Business? Overall At this location	Average Sales Per Month	

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

	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				
GM				
GSM				
F&I Director				
F&I Manager				
Office Manager				
Title Clerk				
Aftermarket Recovery Contact				
Post Sale Contact				
Aftermarket Cancellation Contact Phone		Aftermarket Cancellation Contact Fax		

Note: Proof of Corporate officer is required (include copies of documentation in dealer signup package).

Present Financial Institution
Name

Landlord or Mortgage Holder		
Name	Rating/Comments	Contact/Phone

Flooring Source	
Bank or Financial Institution	
Company Name	Contact Name and Phone
Auction	
Company Name	Contact Name and Phone



Auto

Each of the parties signing below certifies that the above information is true and complete. By signing below, each of us authorizes Wells Fargo Auto, its affiliates, successors and assigns, from time to time as deemed necessary or desirable, to order or obtain any credit reports, to verify the above information, and to obtain any other information bearing on the creditworthiness of each of us in our organizational or individual capacity.

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 Print Name	Dealer Principal Signature	Date

_____	_____	_____
Dealer Principal Print Name	Dealer Principal Signature	Date

_____	_____	_____
Dealer Principal Print Name	Dealer Principal Signature	Date

_____	_____	_____
Dealer Principal Print Name	Dealer Principal Signature	Date