

DEALER DATABASE INPUT FORM

DATE _____ DEALER _____

PRODUCT LINES _____

DEALERSHIP NAME _____

MAILING ADDRESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE () _____ FAX () _____

KEY CONTACT _____ (PERSON RECEIVING CALLBACKS)

F & I MANAGER _____

OFFICE MANAGER _____

DEALER PRINCIPAL _____

E-MAIL ADDRESS OF KEY CONTACT _____

DO YOU USE AN ONLINE APPLICATION SUBMISSION SERVICE? YES or NO

IF YES, WHO? _____

FUNDING OPTIONS: (PLEASE INITIAL SELECTION)

A. _____ PLEASE NOTE MARINE ONE WILL SEND YOUR FUNDING CHECK REGULAR MAIL.
(THE DEALER IS RESPONSIBLE FOR ALL EXPRESS SERVICE CHARGES)

B. _____ EXPRESS SERVICE _____ ACCOUNT NUMBER _____

C. _____ ACH TRANSFER (\$7.00 CHARGE PER TRANSACTION) INCLUDE VOIDED CHECK

ROUTING NUMBER _____ ACCOUNT NUMBER _____

*PLEASE SUBMIT A VOIDED CHECK

SELLER _____ TITLE _____