

Date (Safe-Guard use only)

Safe-Guard Representative Name Representative #

Dealer/Seller Name Independent Franchise

Federal ID # Franchise Types:

Address City State ZIP

Phone Number Fax Number

Email Website URL

Dealer Principal General Manager

F&I Manager Business Office Manager

General Sales Manager Service Manager

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

Attention Phone Number

Address City State ZIP

Product/Coverage Form #

Product/Coverage Form #

Product/Coverage Form #

Product/Coverage Form #

Lender/Bank Contact Phone

Lender/Bank Contact Phone