

CCF INT _____



DEALER INFORMATION FORM

LEGAL NAME OF BUSINESS		DBA	
BUSINESS ADDRESS			
CITY		STATE	ZIP
BUSINESS PHONE NUMBER		BUSINESS FAX NUMBER	
OWNER		SALES MANAGER	
NAME OF F&I MANAGER OR CONTACT PERSON		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETOR	# OF YEARS IN BUSINESS
FEDERAL TAX ID#			
DO YOU CHARGE DOCUMENTATION FEES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", HOW MUCH	
OWNER'S NAME		Owners Social Security #	Birthdate
ANNUAL UNIT SALES			
<input type="radio"/> 0-50	<input type="radio"/> 51-100	<input type="radio"/> 101-200	<input type="radio"/> 201-400
			<input type="radio"/> 401 OR MORE
THIS AUTHORIZATION ALLOWS CITIZENS COMMUNITY FEDERAL TO VERIFY CREDIT BUREAU INFORMATION AS A PART OF DEALER SET-UP PROCEDURES.		PRODUCT LINES SOLD _____ _____ _____ _____ _____	

DATE _____

SIGNATURE _____