



**SERVICE AGREEMENT ENROLLMENT FORM**

**General Dealership Information**

Date: \_\_\_\_\_

Dealership Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Dealership Tax ID #: \_\_\_\_\_

**Dealership Personnel**

Owner's Name: \_\_\_\_\_

General Manager: \_\_\_\_\_

Office Manager: \_\_\_\_\_

F&I Manager: \_\_\_\_\_

Service Manager: \_\_\_\_\_

Labor Rate: \$ \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_