



DEALER ENROLLMENT FORM

Dealer No:
(Assigned by AAS)

REQUIRED:
 Franchise
 Non-Franchise

Dealership Name:		DBA:	
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Enrollment Date:	
Federal Tax ID Number:		Years in Business:	
Web Site:			

Attach Completed W-9 Form (Required)

Dealership Personnel

Title <small>Enter All That Apply Designate Primary Contact With *</small>	F&I Express User (X)	Name	Email
Dealer Principal	<input type="checkbox"/>		
Service Manager	<input type="checkbox"/>		
F & I Manager	<input type="checkbox"/>		
Office Manager	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
Other Authorized F&I Express System User			
Other Authorized F&I Express System User			
Do you currently have an F&A Express Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Dealership Payments

Payment Type:	<input type="checkbox"/> Check	<input type="checkbox"/> Electronic Funds Transfer (each payment initiated by dealer)
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Dealership Systems

Dealer DMS System Utilized	
Menu System Utilized, if any	

Dealership Profit

Would you like the Sales System to include a default profit for you?
If yes, how much dollar mark-up do you want? \$ _____

Notes

Agent Information

KISS BDM Name:	BDM #:	Date:
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Administrator

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