

Dealership Group Sign-up Sheet



Corporation Information

Corporation Name: _____

If DBA - Dealer Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Number: _____ Fax: _____

Dealer Web Address: _____

FEIN: _____ Corporation Type: _____

Dealer

Name: _____

Cell Number: _____ Office Number: _____ Fax: _____

Email/User ID: _____
User ID will be the e-mail address provided above.

User Password: _____
User Password will be sent to the E-mail address/User ID above.

Member of a Dealer Group:

If "Yes" please list other dealers Yes No

_____	_____
_____	_____
_____	_____
_____	_____

Program Set-up Details

	TSS+ (Service Drive)	SEC+ (F&I)	Used Car Program
Dealer Commission	✓ \$500	\$ _____	\$ _____
Independent Repair Facility	✓ \$400	n/a	n/a

<p>Office Use Only</p> <p>Dealer Group ID _____</p> <p>Eos _____</p>	<p>Dealer/GM Signature _____</p> <p><input type="checkbox"/> We agree to not knowingly sell or present a VSC for any vehicle with a current mechanical issue.</p> <p><small>Initials Required</small></p> <p style="text-align: right;">Fax to 720.746.9011 or E-mail to signup@eosgroupinc.com</p>
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