

Dealer Application

CORPORATION					
	DDA				
CORPORATE LEGAL NAME	_ DBA: DBA (IF APPL	ICABLE)			
ADDRESS:CI	ΓΥ: ST	'ATE: ZIP:			
PHONE: (EMAIL ADDR	ESS:			
☐ OWN ☐ RENT TIME AT ADDRESS:					
SECOND LOCATION (IF APPLICABLE)					
ADDRESS:CI	ГҮ: ST	'ATE: ZIP:			
PHONE: (FAX: (
☐ OWN ☐ RENT TIME AT ADDRESS:					
LANDLORD NAME & NUMBER:					
WEBSITE (IF APPLICABLE):					
PRIMARY GPS COMPANY USED:	SECONDARY	GPS COMPANY USED:			
DEALER TRACK ACCOUNT NUMBER:	ROUT	E ONE ACCOUNT NUMBER:			
FUNDING PREFERENCE					
□ WIRE* □ ACH* □ CH	ECK *PLEASE INCLUDE A	A COPY OF A VOIDED CORPORATE (CHECK		
LENDER REFERENCES					
	()				
1 ()FINANCIAL INSTITUTION NAME PHONE NUMBER					
2.					
FINANCIAL INSTITUTION NAME	PHONE N	UMBER			
PERSONNEL					
Please provide contact information for the	following representati	ves (REQUIRED)			
GENERAL MANAGER	PHONE NUMBER	EMAIL ADDRESS			
F&I / SPECIAL FINANCE MANAGER	() PHONE NUMBER	EMAIL ADDRESS			
FUNDING EXPEDITER	PHONE NUMBER	EMAIL ADDRESS			
NON-PERFORMING LOANS/ BUYBACKS	() PHONE NUMBER	EMAIL ADDRESS			
OTHER	() PHONE NUMBER	EMAIL ADDRESS			

OWNERSHIP INFORM	ATION			
OWNER(S): NAL RUN CF	REDIT CHECK 🗌			
OWNER(S): TO PROVIDI	E CREDIT REPORT (NO MOI	RE THAN 30 DAY	'S OLD): 🗌	
OFFICER/OWNER NAME:	SS#:			
TITLE:	% OWNERSHIP:			
HOME ADDRESS:	CITY:	STATE:	ZIP:	
HOME PHONE: ()	CELL PHONE: ()	EMAIL:		<u> </u>
OFFICER/OWNER NAME:	SS#:			
TITLE:	% OWNERSHIP:			
HOME ADDRESS:	CITY:	STATE:	ZIP:	
HOME PHONE: ()	CELL PHONE: ()	EMAIL:		
DOCUMENTS TO SUBI	MIT			
Discount Program Copy of Current Dealer' Copy of Current Driver' Copy of Department of Copy of Surety Bond Inventory List Copy of Voided Corporate Bank Copy of Retail Installment	s License Financial License nte Check c Statements (Last Two Month	ıs)		
owners/officers of the dealer in qu utilized by NAL to obtain the above and requested from these agencies well as information on the general dealer. Pursuant to the Fair Credit a written request of NAL within a and consent, as represented by the	e information include but are not limit may include information concerning p reputation and mode of living of the o Reporting Act, as amended, any indivi reasonable time after receipt of this no signature below of the authorized rep	e financial strength and ed to: International Repersonal information repersoral information repersoral information repersoral investice for a written disclores entative or the deal	d credit background of search Bureau, Trans egarding residency, ed lealer as well as finan stigative consumer re osure of the nature an ler, is hereby given to	of the dealer. The investigative agencies in the information received ducation, and Equifax. The information received ducation, past employment and occupation, as cial background and credit background of the eport is procured by NAL has the right to make and scope of the investigation. Authorization
Owner/President Signature	Owner/ Vice-President Signatu	re		
Print Name	Print Name	_		
Date	Date	_		



No Worries Just DRIVE

GWC Warranty Corporation
P.O. Box 7900

Wilkes-Barre, PA 18773 P: 1.800.482.7357 F: 1.888.840.7883

NAL/GWC

VEHICLE SERVICE CONTRACT ELECTRONIC PLATFORM SIGN UP

Dealership Name:		
Physical Address:		
Phone Number:		
Vehicle Service Contract Administrator:		Last Name
Administrator Email:		
Florida Dealers Only – 2.53 License Num	nber:	