



***PayLink Payment Plans Program
DEALERSHIP INFORMATION SHEET***

FULL NAME OF DEALERSHIP:		YEARS IN BUSINESS:
NAME OF PRINCIPLE OWNER:		
DEALERSHIP STREET ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE NUMBER:	FAX NUMBER:	DEALER EMAIL ADDRESS:
F & I MANAGER INFORMATION:		OFFICE MANAGER INFORMATION:
NAME:		NAME:
EMAIL ADDRESS:		EMAIL ADDRESS:
PHONE:		PHONE:
AGENT INFORMATION:		REINSURANCE COMPANY INFORMATION (OPTIONAL):
NAME:		NAME:
EMAIL ADDRESS:		AGENT PHONE:
TYPE OF LEGAL ENTITY: <input type="checkbox"/> LLC <input type="checkbox"/> CORP <input type="checkbox"/> _____	FEDERAL TAX ID:	STATE OF INCORPORATION:
ADDITIONAL ACCOUNT INFORMATION (OPTIONAL):		
PAYLINK ADMIN USE:		