



Dealer Profile

Please complete one form per location

Name:

Main Phone:

Address:

Main Fax:

City:

State:

Zip:

Service Fax:

Headquarters Satellite Office Service Center

Please provide us the information needed below. This information will not be shared with anybody outside Truck Master Warranty. For our database purposes only.

Main Contact _____ E-Mail _____

General Manager _____ E-Mail _____

F & I Manager _____ E-Mail _____

UT Manager _____ E-Mail _____

Accounting _____ E-Mail _____

Sales Person _____ E-Mail _____

Sales Person _____ E-Mail _____

Sales Person _____ E-Mail _____

Service Manager _____ E-Mail _____

Service Writer _____ E-Mail _____

Labor Rate _____ Tax Rate _____ Labor Guides Used _____

Additional Information: _____