

PHOENIX GAP

ADMINISTRATIVE INFORMATION FORM

(Print or Type Legibly)

DATE: _____

DEALER CODE

BUSINESS INFORMATION

BUSINESS TYPE:

- DEALERSHIP (If Dealership Circle One) FRANCHISE INDEPENDENT
 FINANCIAL INSTITUTION OTHER _____

GAP PROGRAM (Check Only One):

- GAP (Franchise Only) GAP PLUS (Franchise Only)
 GAP (Independent) Effective Date: _____

Corporation Name: _____

Financial Institution/Dealership Name (dba): _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: (_____) _____

Fax: (_____) _____

PERSON(S) TO CONTACT

Owner/President: _____

General Manager/VP: _____

Sales Manager: _____

F&I Manager: _____

GENERAL AGENT/MARKETING REPRESENTATIVE

Agent/Marketing Representative: _____

Agent Commission For This Dealership/Financial Institution (Must Attach Rate Template Form)

Commission Payable To: _____

COMMENTS

INTERNAL USE ONLY

SET-UP DATE: _____

DEALER CODE: _____

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