



**Revived Credit Affiliate Enrollment Form**

<b>Affiliate Business Name:</b>	<b>Your Title:</b>	
<b>First Name:</b>	<b>Last Name:</b>	
<b>Dealer Address:</b>	<b>Dealer Address 2:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>	<b>Email Address:</b>	
<b>SSN/TIN:</b>	<b>Years in Business:</b>	

By completing the above information, you agree that all data provided is indeed true. You authorize for Revived Credit to store you data in our internal systems to ensure accurate processing and/or payment. If you chose to cancel this authorization please send your request in writing to [CustomerCare@RevivedCredit.com](mailto:CustomerCare@RevivedCredit.com). If you have any additional questions please free to contact Customer Care at (888) 599-8273.

**This document is proprietary and confidential. No part of this document may be disclosed in any manner to a third party without the prior written consent of Revived Credit.**

