

Auto Dealer One

STEWART AUTOMOTIVE SOLUTIONS

DEALER PROFILE

Business Legal Name: _____

DBA (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Organization: Sole Proprietorship Partnership Corporation LLC

State of Incorporation: _____ Years in Business: ____ FEIN: ____ - _____

Phone Number: (____) ____ - _____ FAX Number: (____) ____ - _____

Dealership Type: Franchise Independent

Dealership Website: _____

Dealer Management Systems (DMS) Provider: _____

Retail Labor Rate: \$_____ per hour Tax Rate _____% - Labor Parts

Preferred Labor Rate Guide: _____

Products Sold: Automobiles Powersports RV's Marine

Type of Business: Dealership Service Facility Bank/Credit Union

Dealer/Owner: _____ Email: _____

General Manager: _____ Email: _____

Finance Manager: _____ Email: _____

Please complete and return to Auto Dealer One / Stewart Automotive Solutions

By email to: greg@autodealerone.com

By fax to: (888) 608-0808 (Simply hit the 'send' button when phone is answered.)