



Dealer Information Sheet

Master Agent: MorseGPS Installing Agent: _____

DEALERSHIP INFORMATION:

Date: _____

Name: _____ Federal ID # _____

Address _____ City _____ State _____ Zip _____

Web Address _____

Sales Phone# (_____) _____ - _____ x _____ Sales Fax # (_____) _____ - _____

Franchise(s) _____ Years in Business _____

PERSONNEL INFORMATION: (Please indicate personnel as primary (1) and secondary (2) Contact Person in boxes provided below.

☐ Dealer Principal _____ Email _____

☐ General Manager _____ Email _____

☐ Service Manager _____ Email _____

☐ F & I Manager _____ Email _____

GENERAL INFORMATION:

Previous VSC Co. _____ VSC Divided with Competition Yes ☐ No ☐

If Yes, Which Company(s) _____

Separate Lease Company _____

Primary Financing Source _____

PRODUCT INFORMATION:

Sales/Leases per Month _____ New _____ Used _____

Current VSC Sales Per Month _____ New _____ Used _____

WEB MANAGER INFORMATION:

Web Manager Contact: _____ Contact Phone _____

Contact Email Address: _____

Financing Paylink: Y/N **If dealer not set up with Paylink, please forward Paylink Sign Up.**

PROGRAM/RATE INSTALLATION:

Royal' Shield: _____, Sentinel _____

COMMENTS: _____
