



# Retailer Information

Corporate Name		DBA	Advertised or Assumed Name	
Store Location (Physical Street Address)	City	State	Zip Code	
Preferred Mailing Address (if different than above)	City	State	Zip Code	
Corp Type	Date Organized	FEIN/Tax ID #	Main Phone	Fax
GWC Representative's Name		Representative's Phone		

## Officers(Pres, VP, Sec), Members, Senior Management (CFO,GM, F&I Director)

Title	Name	Email Address

## F&I Managers

Name	Email Address

## Important Contacts:

	Name	Email Address
Office Manager:		
Funding Checks:		
Cancellation Requests:		
Save-A-Deal Attention:		

## Products to Be Financed Using The ZERO Plan®

Provider/Administrator	Product	Form #
GWC	Vehicle Service Contracts	All

Forms Origination:  ZERO Plan Express: Contact Person \_\_\_\_\_