

# DEALER REGISTRATION FORM



PLEASE READ AND FILL OUT THIS REGISTRATION FORM CAREFULLY. YOU MUST SUBMIT A COMPLETE SIGNED FORM AND ALL THE REQUIRED DOCUMENTATION.

DEALER INFORMATION			
DEALER NAME (Legal name including DBA, if applicable)	DEALER LICENSE # (Dpt of Highway Safety and Motor Vehicles)		DEALER LICENSE # (Florida OFR)
STREET ADDRESS	CITY		STATE / ZIP CODE
EMAIL ADDRESS	PHONE #	FAX #	YEARS IN BUSINESS

BUSINESS BANK ACCOUNT		
BANK NAME	BANK ACCOUNT #	BANK ACCOUNT TYPE CHECKING      SAVINGS

PRIMARY OWNER INFORMATION				
LAST NAME	NAME	OWNERSHIP %	CELL PHONE #	WORK PHONE #
WORK EMAIL ADDRESS		PERSONAL EMAIL ADDRESS		

REPRESENTATIVE INFORMATION				
LAST NAME	NAME	TITLE	CELL PHONE #	WORK PHONE #
WORK EMAIL ADDRESS		PERSONAL EMAIL ADDRESS		

REPRESENTATIVE INFORMATION				
LAST NAME	NAME	TITLE	CELL PHONE #	WORK PHONE #
WORK EMAIL ADDRESS		PERSONAL EMAIL ADDRESS		

REQUIRED DOCUMENTATION (photocopies of the following documentation must be provided)
<input type="checkbox"/> PERSONAL IDENTIFICATION OF OWNER(S) AND REPRESENTATIVE(S) (DRIVER LICENSE, PASSPORT OR IDENTIFICATION CARD) <input type="checkbox"/> DEALER LICENSE CERTIFICATE ISSUED BY STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES (INDEPENDENT DEALER IN MOTOR VEHICLES) <input type="checkbox"/> DEALER LICENSE ISSUED BY FLORIDA OFFICE OF FINANCIAL REGULATION (MOTOR VEHICLE RETAIL INSTALLMENT SELLER) <input type="checkbox"/> CERTIFICATE FOR SALES TAX ISSUED BY FLORIDA DEPARTMENT OF REVENUE <input type="checkbox"/> PROOF OF BUSINESS BANK ACCOUNT (ACCOUNT TO RECEIVE FUNDS) EX. VOIDED CHECK ADDITIONAL DOCUMENTATION MAY BE REQUIRED.

YOU CERTIFY THAT ALL THE INFORMATION ENTERED ON THIS FORM IS TRUE AND ACCURATE. YOU UNDERSTAND THAT FALSE STATEMENTS MAY SUBJECT YOU TO CRIMINAL PENALTIES.

DEALER OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(PRINT, SIGN AND DATE)