

NEW Dealership Name: _____

PREVIOUS Dealership Name: _____

DealerCenter ID: _____

Has Ownership Changed? NO YES

Has Location Changed? NO YES

If you answered 'yes' to one or both of the questions, a representative will contact you with further instructions.

Please submit a copy of the new business license to reflect the correct name. Please also submit a copy of the new phone bill with the new name.

Principal Name: _____ Title: _____

Principal Signature: _____ Date: _____

FAX TO: (866) 273-3277