



Scan and email to: info@vantagefinance.com

FAX: (888) 315-1823

VANTAGE FINANCE ENROLLMENT FORM

Dealership Legal Name and DBA: _____

Name on Card: _____

Type of Card: _____ MasterCard _____ Visa

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Name of Financial Institution: _____ Routing Number _____

Financial Institution Address: _____ Account Number _____

City, State, ZIP: _____

Phone Number: _____

Amount to be Charged: \$ _____

First Payment Date: _____

Email Address: _____

By signing this form, you authorize Vantage Finance LLC to charge your card monthly, for the amount indicated above for access to the Vantage system and the lenders available in your state.

Name

Signature

Date

*if information received by phone, indicate "by phone" on line above

Internal Use Only:

Agent/Employee _____ Date/Time _____