

Vantage Finance Dealer Information Form

Date: / /

P: 402-315-3329 F: 888-315-3329 E: DR@vantagefinance.com W: vantagefinance.com

Dealership Legal Name	DBA (If Applicable)
Address, City, State Zip	Dealership Federal Tax ID #
Multiple Locations? Y or N?	Date Entity Organized
Dealership Phone	Time in Business at Current Location
Main Contact Name	Main Contact Phone
Fax	Dealer Email (Where Approvals will be sent)

Dealership Ownership & Organization Information *All owners must be listed, if additional space is needed, please include separate attachment

Dealer License Number	License Expiration Date	Service Contract License # (FL Dealers Only)	License Expiration Date		
Dealership Legal Name	Business Entity Type (i.e. LLC, S-Corp, Sole Proprietor, etc.)	Entity Organization (Domicile)			
Owner 1 Name	Ownership %	Owner 2 Name	Ownership %	Owner 3 Name	Ownership %
Owner 1 Social Security Number	Date of Birth	Owner 2 Social Security Number	Date of Birth	Owner 3 Social Security Number	Date of Birth
Residential Address, City, State, Zip	Residential Address, City, State, Zip	Residential Address, City, State, Zip			
Cell Phone	Cell Phone	Cell Phone			
Personal Email Address (must be different than Dealership email)	Personal Email Address (must be different than Dealership email)	Personal Email Address (must be different than Dealership email)			

Dealership References (All three required)

Business Name	Business Name	Business Name
Address, City, State, Zip	Address, City, State, Zip	Address, City, State, Zip
Phone	Phone	Phone
Contact Name	Contact Name	Contact Name
How did you hear about Vantage Finance?		



Proudly Serving Independent Dealers & Their Customers Since 2010



Scan and email this form and a copy of the owner's Driver License or State ID to:
info@vantagefinance.com
 Or you can send by FAX to: (888) 315-1823

VANTAGE FINANCE MONTHLY PAYMENT AUTHORIZATION

Dealership Legal Name and DBA: _____ dba _____

Phone Number: _____

Membership: Preferred \$89/mo (access to Vantage through DealerTrack) Standard \$49/mo

Email Address: _____ DealerTrack ID (if applicable): _____

Name of Financial Institution: _____

Financial Institution Address: _____

Routing Number: _____

Account Number: _____

OR you can enter your credit card information and we will charge you monthly

Name on Card: _____ Card Number: _____

Billing Address: _____

Expiration Date: _____ Security Code: _____

Type of Card: MasterCard Visa Other

By signing this form, you authorize Vantage Finance LLC to charge your card monthly, for the amount indicated above for access to the services provided by Vantage Finance .

Name Signature Date

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

Internal Use Only:
 Agent/Employee _____ Date/Time _____