

WKFS Use Only:
Customer #
City, State
Prepared By:
NO INK AGREEMENT

AppOne Signup Instructions

1. Completely fill out and sign the **Order Form** contained in this package. **Include your lot number at the top of the form, which is located at the top right of your dealer home page.**
2. Fax all completed and signed documents contained to:
800-859-9767.
3. You will receive an email from our Support Line Help Desk with your assigned username and password to access the AppOne System upon receipt and successful processing of these documents.
4. If you have any questions regarding this form or general product inquiries, please call our Customer Support Team at **877-277-6631 (Option 4).**



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LOT # _____ AppOne for Dealers - Order Form

A. DEALERSHIP INFORMATION

Full Legal Name		Doing Business As			
Street Address		City	County	State	Zip Code
Phone Number		Fax Number			
Dealer License #		Federal Tax ID		Referral Code (If you have been referred to us)	
Years in Business	Organization Type <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sub Chapter S <input type="checkbox"/> Sole Proprietorship		Website Address		
Dealership Type: <input type="checkbox"/> Auto <input type="checkbox"/> RV <input type="checkbox"/> Marine <input type="checkbox"/> Motorcycle <input type="checkbox"/> Trailers <input type="checkbox"/> Piano <input type="checkbox"/> Other					

B. OWNER INFORMATION

Primary Owner Name	Home Address	Mobile Phone	Email Address
Secondary Owner Name	Home Address	Mobile Phone	Email Address

C. MANAGER INFORMATION

General Manager Name	Home Address	Mobile Phone	Email Address
F&I Manager Name	Home Address	Mobile Phone	Email Address
Sales Manager Name	Home Address	Mobile Phone	Email Address

D. LENDERS (Please list all lenders that you currently work with)

Lender A	Lender B	Lender C	Lender D
Lender E	Lender F	Lender G	Lender H

E. SYSTEM INFORMATION

Dealership Management System	System Contact
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F. BILLING INFORMATION (ONLY CREDIT CARDS ACCEPTED)

Name on Credit Card	Card Number	Expiration Date
Credit Card Type <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Visa		Security Code
Full Credit Card Billing Address		
Annual Subscription Level <input type="checkbox"/> Unlimited contract printing for \$99 per month		

G. BILLING AUTHORIZATION

By signing this Order Form, you hereby agree to the following:

- You agree to the terms and conditions set forth at <http://www.appone.net/reclending/terms>
- You hereby authorize us to automatically charge the credit card account referenced above for your desired subscription level on a monthly basis. The charges will be automatically billed to your credit card account on a monthly basis and will commence 30 days after your signup date.
- You also hereby authorize us to charge any transaction overage amounts at the end of each calendar year if you exceed the allotted amount of transactions in that calendar year based upon the Annual Subscription Level you choose above.

Dealership Name: _____

Owner Name: _____

Owner Signature: _____

Date: _____

Billing & Setup Procedures

- You will receive an email from our Support Line Help Desk with your assigned username and password to access the AppOne System upon receipt and successful processing of this signup form.
- It usually takes 2-3 business days for us to complete our order processing and user provisioning procedures once we receive a fully completed & signed form from you.
- Your credit card account will not be billed any subscription fees for the first 30 days from the date you sign up. This will enable you to try out the system prior to committing to long term usage.