



PLEASE COMPLETE AND FAX BACK TO

## CPS DEALER ACTIVATION FORM

NEW DEALER SIGN-UP

EXISTING DLR REACTIVATION

DLR # \_\_\_\_\_

DEALERSHIP LEGAL NAME

(      )

PHONE NUMBER

DEALERSHIP DBA

(      )

FAX NUMBER

STREET ADDRESS

MAILING ADDRESS (P.O. BOX )

CITY / STATE / ZIP

CITY / STATE / ZIP

INDEPENDENT

FRANCHISE

AFFILIATED STORES

BRAND (S): \_\_\_\_\_

### EFT BANK INFORMATION

BANK

NAME: \_\_\_\_\_

LAST

FOUR: \_\_\_\_\_

### DEALERSHIP OWNERSHIP

DEALER GROUP/CORPORATION (if applicable) \_\_\_\_\_ %

DEALER PRINCIPAL / PRESIDENT/OWNER \_\_\_\_\_ %

OTHER OWNER (if applicable) \_\_\_\_\_ %

OTHER OWNER (if applicable) \_\_\_\_\_ %

E-MAIL ADDRESS: \_\_\_\_\_

### OVERNIGHT INFORMATION: (FEDEX only)

ACCOUNT # \_\_\_\_\_

### DEALERSHIP PERSONNEL

GENERAL MANAGER

FINANCE DIRECTOR

GSM/DESK

SPECIAL FINANCE ( MANDATORY )

### METHOD FOR SUBMITTING APPLICATIONS

DEALER TRACK ID#: \_\_\_\_\_

ROUTE ONE ID: \_\_\_\_\_

CPS ON-LINE ACCESS: [www.ConsumerPortfolio.com](http://www.ConsumerPortfolio.com)

USER NAME: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

UPPER CASE

LOWER CASE

### NOTES:

DATE: \_\_\_\_\_

CPS REP: \_\_\_\_\_