



# Santander Consumer USA Inc.

## NEW ACCOUNT INFORMATION

Instructions:

- Complete ALL fields and fax to: Attention – Special Ops (214) 540-5597
- ALL FIELDS REQUIRED. INCOMPLETE OR INCORRECT FORMS WILL BE DISCARDED.

Corporate Name: \_\_\_\_\_

Corporate Headquarters Address: \_\_\_\_\_

DBA/Trade Name(s): \_\_\_\_\_

Dealership Name: \_\_\_\_\_

Dealership's Physical Address: \_\_\_\_\_

Dealership's Tax ID# (must be 9 digits – form will be discarded if Tax ID is not accurate): \_\_\_\_\_

Franchise (ex: Chevrolet, Chrysler, Ford): \_\_\_\_\_

Dealership sells:       New Only                       Used Only                       New and Used

\*You must indicate if you DO NOT HAVE a DealerTrack or RouteOne ID.  NO DT     NO R1     NEED setup

DealerTrack ID: \_\_\_\_\_                      RouteOne ID: \_\_\_\_\_

Finance Contact: \_\_\_\_\_                      E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Fax Number: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Fax Number: \_\_\_\_\_

Payment Preference:     ACH (visit SantanderConsumerUSA.com to enroll)                       Check mailed

Address to Mail Funding Check: \_\_\_\_\_

Area Sales Manager: \_\_\_\_\_                      Date/Time Faxed: \_\_\_\_\_

### Dealer Group (Please check one):

- Ed Morse       Van Tuyl       Sonic                       AutoNation                       Lithia                       Group 1  
 Hendrick       Asbury  United Auto Group                       Larry Miller                       Other

<b>FOR INTERNAL USE ONLY</b>		
Buyer _____	Date Entered _____	Vendor ID _____
Imaged <input type="checkbox"/> _____	Imaged By _____	Old OCS Vendor <input type="checkbox"/> _____

