

**CAMM Financial**

[www.cammfinancial.com](http://www.cammfinancial.com)

844-286-3761 (ph)

330-286-3506 (fx)

Contact: Kevin McKay

Mail/Fax completed agreement to:

CAMM Financial

132 S. Broad St.

Suite 101

Canfield, Ohio 44406

# NEW DEALER INFORMATION

Complete ALL fields and fax to: Attention - Dealer Services (330) 286-3506 • ALL Fields required. Incomplete or incorrect forms will be discarded.

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

Please check one:  Corporation  LLC  Sole Proprietorship  Limited Partnership

Dealership Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone / Fax / Email: \_\_\_\_\_

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

Dealership Principal Name: \_\_\_\_\_ SNN: \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Dealer Tax ID# (Must be 9 digits): \_\_\_\_\_

Dealer License Number & State Charter #: \_\_\_\_\_

Dealership Sells:  New Only  Used Only  New and Used

Types of units to be Financed: \_\_\_\_\_

Provide a copy of your Dealership License

Other: \_\_\_\_\_

Provide a copy of Dealership Principal's Drivers License

Provide ACH Funding Information-Voided Check

Finance Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Accounting Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Payment Preference:  ACH  Check

Mail Funding Check: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I/We certify that all information is true and correct. I/We authorize CAMM FINANCIAL to verify this information by a credit report or references. **(Principal Sign & Print Name on Lines Below)**

FOR INTERNAL USE ONLY

Vendor ID: \_\_\_\_\_

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