



Please submit this form along with your Dealer Agreement to your agent via one of the following methods:

Email: **dealerintake@veritasglobal.com**

Fax: **913.273.0942**

DEALERSHIP INFORMATION			
FULL NAME OF DEALERSHIP:		TYPE OF LEGAL ENTITY: <input type="checkbox"/> LLC <input type="checkbox"/> CORP <input type="checkbox"/> _____	
NAME OF PRINCIPLE OWNER:		YEARS IN BUSINESS:	
DEALERSHIP STREET ADDRESS:		STATE OF INCORPORATION:	
CITY:		STATE:	ZIP:
PHONE:	FAX:	EMAIL:	
COVERAGE TYPE: <input type="checkbox"/> VEHICLE <input type="checkbox"/> OTHER: _____		FEDERAL TAX ID:	DEALER NUMBER:
F & I MANAGER NAME:		PHONE:	EMAIL:
OFFICE MANAGER NAME:		PHONE:	EMAIL:
AGENT INFORMATION:			
NAME:		PHONE:	EMAIL:
AGENCY (IF APPLICABLE):			
E-CONTRACTING / TECHNOLOGY PARTNER (IF APPLICABLE):			
NAME:			
REINSURANCE COMPANY INFORMATION (IF APPLICABLE):			
NAME:		PHONE:	EMAIL:
ADDITIONAL ACCOUNT INFORMATION (OPTIONAL):			
PAYLINK DIRECT ADMIN USE:			