

Dealership Information

Dealership Name _____ ID _____

Domain Name (Website Name) _____

Contact Name _____

Email _____

Phone Number _____

Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip Code _____

Inventory Source

Source _____

Contact Person _____

Phone Number _____

I understand that you will display my inventory free of charge for the next 3 months.

Please fax this form to (650) 268-9660.

Signature

Date