

FOR INTERNAL USE ONLY

Buyer _____ Date Entered _____ Vendor ID _____

Imaged _____ Imaged By _____ Old OCS Vendor _____

**SANTANDER CONSUMER USA INC.
NEW ACCOUNT INFORMATION**

Instructions: Complete ALL fields and fax to: Attention – Credit (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: 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

