

# ESR Prospective Dealer Information Form

Date: \_\_\_\_\_

Filled Out By: \_\_\_\_\_

Dealer Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Web Site: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Certificate of Resale #: \_\_\_\_\_

Line(s) Requested: \_\_\_\_\_

**Notes:**

## ESR Use Only

Salesman Assigned: \_\_\_\_\_

First Contact Attempt      Date:                      Time:                      Phone:

Result: \_\_\_\_\_

Second Contact Attempt:      Date:                      Time:                      Phone/Email:

Result: \_\_\_\_\_

Third Contact Attempt:      Date:                      Time:                      Phone/Email:

Result: \_\_\_\_\_

Approval Status (circle one):

All Lines

Limited Lines

Declined

Lines to exclude: \_\_\_\_\_

Reason for declining: \_\_\_\_\_

Salesman Signature: \_\_\_\_\_

Date: \_\_\_\_\_