



Dealer Enrollment Form

LIGHT COMMERCIAL LEASING/FINANCE PROGRAM

Dealer Name: _____

Owner Or Sales Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (Office): _____ Cell #: _____ Fax #: _____

Email: _____ Website: _____

Date Business Started: _____ How many employees? _____ How many sales people? _____

Distributor : _____

Territory Manager: _____ Cell #: _____

How long have you done business with your distributor above? _____

Have you ever used a commercial lease/finance program before? _____

What are your main brands that you sell? _____

Are you interested in doing a 15 minute online meeting to review the program? _____

- **You must be an active Liberties Dealer to use the Commercial Finance Program**
- **If deposits will be required, a Advance Deposit profile must be filled out**
- **A Reference from your distributor will be necessary to complete your account set up**
- **Must be a min. of 2 years in business, Active with Secretary State, listed in 411 and have a Business License in good standing**

Please scan and email this form to Corinne@horizonkeystone.com or fax to **800-606-0037**.

Upon receipt, you will be contacted to review program participation. Thank you!

QUESTIONS? Call 800-606-0049

www.dealersalescenter.com

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