

DEALER PROFILE FORM

Dealership Information:

Operating As: _____

Dealership Legal Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____ Fax: _____

Contact Information:

Dealer Principal: _____ Email: _____

General Manager (if applicable): _____ Email: _____

Controller (if applicable): _____ Email: _____

Business Manager: _____ Email: _____

Business Manager: _____ Email: _____

Business Manager: _____ Email: _____

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Please Select Dealer Type:

Franchise Store

Independent Store

Please Provide:

- Dealer Agreement
- EFT Enrollment Form
- Void Cheque
- Fax Transmission Agreement

Please Provide:

- Business License
- Dealer License
- EFT Enrollment Form
- Void Cheque
- # of Units on Lot _____
- Years in business _____
- Fax Transmission Agreement

Please Select Portal Preference:

Portal Association

- Dealer Track
- RouteOne
- Other: _____

Finance Partner Information:

(Independent Dealers Only)

Prime Finance Partners: _____

Special Finance Partners: _____

***Once documentation is complete, please contact your SDA Area Sales Manager for pick up**

Scotia Dealer Advantage

Suite 300 – 4190 Lougheed Highway, Burnaby, BC V5C 6A8

Transit # 32730 Phone: 877-298-3113 Fax: 877-473-3816