



Biweekly Dealer America, Inc. (BDA)

Dealer Registration Form

As soon as we receive your registration form, Roger Greenwald from BDA Dealer Support Services will be contacting you to complete your setup and answer all your questions. Thank you for registering your Dealership.

Referred by BDA Consultant: _____ Date: _____

Dealer Company Name: _____

INFORMATION ONLY

Main Contact Person: _____

VOID

Company Position of Main Contact Person: _____

Phone: _____ E-mail: _____

Best time to contact: _____

Alternate Contact Person: _____

Company Position of Alternate Contact Person: _____

Phone: _____ E-mail: _____

Best time to contact: _____

INFORMATION ONLY

Mailing Address: _____

Physical Address: _____

VOID

Number of Dealership Locations: _____ Number of Product Lines: _____

Product Lines / Brands: _____

Website address: _____

Are you currently presenting a Biweekly Payment option to your customers? Yes No

Have you ever been involved in a Biweekly Payment System? Yes No

Are you interested in credit score optimization to enable a future purchase? Yes No

Comments: _____