

Dated: \_\_\_\_\_  
Dealertrack, Inc.  
1111 Marcus Ave, Suite M04  
Lake Success, NY 11042

**Re: Dealership Enrollment on Dealertrack**

I represent that I am the owner/principal, general manager or comptroller of the dealership named below ("Dealer"). I hereby request that Dealer be enrolled on the Dealertrack platform. Dealer understands that in order to be enrolled, Dealer has to designate a Dealer Information Owner, who will need to agree to Dealertrack's on-line Access Agreement.

The person designated below as a Dealer Information Owner is authorized to sign the Dealertrack Access Agreement on behalf of Dealer. Dealer understands that as Dealer Information Owner, such individual will have administrative rights for Dealer on the Dealertrack system, including the ability to set up additional users, and the ability to subscribe for fee-based products and services, as more fully described in the Access Agreement.

The undersigned represents, warrants and covenants on behalf of Dealer that (i) the execution and delivery of this letter has been duly authorized by all necessary corporate action on the part of Dealer and (ii) he or she has the requisite power, authority and legal right to execute and deliver this letter and bind Dealer. Dealer understands and agrees that a facsimile signature will have the same legal effect as an original signature.

**Check One:**  Owner/Principal  General Manager  Comptroller \_\_\_\_\_ **Name of Owner/Principal/GM/Comptroller**

\_\_\_\_\_  
**Dealer Legal Entity Name** \_\_\_\_\_ **Signature of Owner/Principal/GM/Comptroller**

This request is due to a Change in Ownership at the Dealership

This Dealership is part of a Dealer Group. Group Name: \_\_\_\_\_

**The following information must be completed in its entirety:**

\_\_\_\_\_  
Dealership's DBA Name \_\_\_\_\_ Federal Tax ID \_\_\_\_\_ Dealership's DTID \_\_\_\_\_  
(If known)

\_\_\_\_\_  
Dealership's Full Address \_\_\_\_\_ Dealership's Phone Number \_\_\_\_\_

**Dealer Information Owner (DIO) Information Section**

\_\_\_\_\_  
Full Name of Dealer Information Owner To Be Created \_\_\_\_\_ Business Title \_\_\_\_\_

\_\_\_\_\_  
Login ID (ONLY if existing user at another dealership) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Instructions:**  
Step 1: Photocopy this form onto your dealership's letterhead.  
Step 2: Complete the entire form, and have the Owner/Principal/GM/Comptroller sign the form.  
Step 3: Fax completed form to **516-908-4240**

**Questions? Contact the Enrollment Hotline at 516-734-3884 – Option 4: Enrollment Support**