Dealer Marketing Solutions
New Client Specifications

CLIENT NAME: _____

CLIENT ADDRESS: _____

Main Contact:

NAME:_____
CELL P#:_____
EMAIL: _____

Alternate Contact:

NAME:_____
CELL P#:_____

Dealership FAX#: _____

Hours of Operation:

M-F: _____

SAT-SUN: _____

INFORMATION THAT CAN BE USED WITHIN THE WEB SITE TO HELP YOUR PROSPECTS AND CUSTOMERS KNOW MORE ABOUT YOUR BUSINESS:

Example: # Years in business, special service provided (EG Special Finance, Auto Repair)

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