

ACCOUNT INFORMATION

(For Internal Use Only)

Administered By:
Advanced Protection Products International
17732 Highland Rd Suite G158
Baton Rouge, La 70816

Corporation Partnership Sole Proprietor
Account _____
Address _____
City, State, Zip _____
Telephone _____
Fax # _____

Federal I.D. # _____
DBA _____
Address _____
City, State, Zip _____
Telephone _____
Fax # _____

Names of New Car Franchises You Are Authorized to Sell _____

(Indicate N/A if not applicable)

President/Principal _____
General Manager _____
Accounts Payable Manager _____

F&I Manager/Loan Officer _____
F&I Manager/Loan Officer _____
Service Manager _____

Is the Account currently selling any other VSC/GAP Programs? VSC GAP
If so, please name the other VSC/GAP Providers: VSC _____ GAP _____

Will the Account continue to sell other VSC/GAP Programs? YES NO

New Vehicle Sales/Loans (Monthly): _____ Current VSC _____ GAP _____ Projected VSC _____ GAP _____

Pre-owned Vehicle Sales/Loans (Monthly): _____ Current VSC _____ GAP _____ Projected VSC _____ GAP _____

Repair Manual _____ (Specify One Only) Labor Rate(s) \$ _____

Factory: YES NO \$ _____

Have applications been left with the Account? YES NO If "YES", please provide numbers: _____

Check Program Installed: VSC
 Driver's Plus Theft Deterrent (ETCH)
 Driver's Choice 2500 _____ 5000 _____
Retro with Investment Income? YES NO
Retro without Investment Income? YES NO

GAP 125% 150%
 Franchise 0-60 months 61-72 months 73-84 months
Dealer Cost _____
Agent Fee _____
 Non-Franchise
Dealer Cost _____
Agent Fee _____

Does the Account wish to integrate with any technology providers? YES NO If "YES", please provide the following:

DealerTrack Route1 ADP Reynolds Other Account Online Contact _____
Telephone _____ E-mail Address _____

Comments: _____

Agency/Agent Name: _____ Date _____

ATTACH COPY OF RATE CHART GIVEN TO ACCOUNT