



Customer Information Sheet

Dealership Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Fax Number: _____

FID #: _____

RRMC #: _____

Dealer #: _____

Title Clerk: _____

Office Manager: _____

Controller: _____

Main Contact Email Address: _____

Main Contact Email Address: _____

Invoice Email Address: _____

Invoice Email Address: _____

Payment Type: ACH

Account #: _____

Routing Number: _____

Checking or Saving (please circle one)

Diversified Vehicle Services

1919B South Post Rd

Indianapolis, IN 46239