

Prestige VW Mitsubishi

4271 Black Horse Pike Turnersville, NJ 08012 Phone: 856-629-9200 Fax: 856-629-9276

DEALER REGISTRATION SYSTEM

Please Print Legible

Dealership Name:			Bus. Start Date:	
Business Type: Address:	New Car	Used Car		
City, State, Zip:				
Phone #:		F	ax #:	
Representative Name:		(Cell #:	
Email Address:				
Birth Date:	Month:	Day:		
PA Dealer ID# (DIN):				
Tax Exempt # (TEN):				
If you want Titles Fee	l-Ex, please provide	your Fed-Ex accoun	t #	
Bank Information				
Bank Name: Phone #:		C	ontact:	

Phone #:	
Address:	
City, State, Zip:	

Forms Needed

Please use as a guide, check boxes for inner office use. Forms must be brought in – fax copies do not qualify unless approved by SJAB.

	Сору	of	Dealer	Wall	License
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- □ Copy of Driver's License
- □ NJ Sales Tax Form ST3 signed or Pa Exemption Certificate (Supplied at bid if needed)
- \Box Copy of Manheim Access Card

By registering with us, you agree to receive fax, e-mail, voice, and text message communications from us.

Thank You