



Dealer Activation Form

Dealership Name: _____

Address : _____

City, State, zip code: _____

Office Phone #: _____

Please fill in which System you will be using to submit applications

DealerTrack ID _____

RouteOne ID _____

Credit Smarts ID _____

U Drive Agent Name _____

Dealership Rep:

Name _____

Email _____

Signature _____

Date _____

Email form to Funding@udriveac.com or fax to number below.

Activation will take 2 business days