



401 Congress Ave Suite 1540 Austin, Tx 78701 Ph.512.687.3433 Fax 512.519.9191
Web: <http://www.southcoastauto.us> Email: darby@southcoastauto.us

General Information

Company Name _____

Address _____

City _____

State _____

Zip _____

Internet Usage: Yes No

Phone () _____

Fax () _____

Ownership and Principal Contact Information

Principal Owner _____

Phone () _____

Other Owners

A) _____

B) _____

C) _____

Title _____

Title _____

Title _____

Phone () _____

Phone () _____

Phone () _____

Fax () _____

Fax () _____

Fax () _____

Mobile () _____

Mobile () _____

Mobile () _____

Principal Contacts

Sales

Services

Financial

Marketing

Title _____

Title _____

Title _____

Title _____

Phone () _____

Phone () _____

Phone () _____

Phone () _____

Fax () _____

Fax () _____

Fax () _____

Fax () _____

Mobile () _____

Mobile () _____

Mobile () _____

Mobile () _____

Years in Business _____
Number of Employees _____
Number of Sales Personnel _____
Number of Service Personnel _____
Territory Covered Presently _____

Corporate Information

Official Trade Name or DBA _____
Federal Tax ID# _____
Legal Name _____
Address _____
City _____
State _____
Zip _____
Phone () _____
Fax () _____

Corporate Officers

President _____
Vice President _____
Treasurer _____
Secretary _____

Business Insurance Information

Agency _____
Address _____
City _____

Banking Information

Bank Name _____
Address _____
City _____
County _____
State _____
Phone () _____
Fax () _____
Contact Name _____

Type of Company

Corporation

Sub S Partnership

Sole Proprietor

L.L.C.

Other: if so, explain: _____

Date of Incorporation _____

State of Incorporation _____

Year End _____

Gross Sales Amount _____

Net Income _____

Net Worth _____

Account Number _____

Savings Checking _____

Number of Loans _____

Manager Information

General Manager _____

Sales Manager _____

Service Manager _____

Controller _____

Trade and Business References

A) Contact _____ Company _____

Address _____ City _____

State _____ Zip _____

Phone () _____

Fax () _____

B) Contact _____ Company _____

Address _____ City _____

State _____ Zip _____

Phone () _____

Fax () _____

Signing Authorities

On behalf of

A)Name _____ Signature _____
Title _____ Date _____

B)Name _____ Signature _____
Title _____ Date _____

C)Name _____ Signature _____
Title _____ Date _____

D)Name _____ Signature _____
Title _____ Date _____

South Coast Auto is committed to maintaining the confidentiality of information provided to it. Any information that is provided to South Coast Auto, such as e-mail address, phone numbers, financial information, or any other information provided on this form or the South Coast Auto’s website will be collected by South Coast Auto for its sole use and will not be shared with any other parties except as required by law. South Coast Auto will use the information provided for normal business practices and in communicating with the person (s) or company who have provided the information.